(Year)

as

ONSET AND DEATH

20. AUTOPSY?

NO Z

(State)

YES [

1.6

Takona Park

Hours

COUNTRY?

19 55

gu 5-5461

BOBEVO A: Z.

BECEINED

06766

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
gib	county Montgomery Maryland	STATE District of Columbia			
od le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY(If outside corporate limits, write RURAL and give nearest town OR			
B	X Town Bethesda Rural 45 Min	TOWN Washington, D.C. 47X-3			
death clearly and legibly	HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location)  13 Jib Green, S.W.			
2		Last)   4. DATE (Month) (Day) (Year)			
eath		OSTAR OF July 29 19 55			
of	Female Malayan (Specify)Single 29 Jul	of Birth: 9. AGE last birthday  yrs.  1 F under 1 YEAR  Hours   Min.  45			
write the causes	10a. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHATCOUNTRY?  Bethesda, Maryland U.S.			
he	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
e t	Atanacio ACOSTAR	Confesor MIRANDA			
rit	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:			
	(Yes, no, or unk.) (If Yes, give war or dates None	Father Atanacio ACOSTAR Same as above			
please	18. MEDICAL CERTIFICATI	ON INTERVAL BETWEEN			
pl	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH			
**	770.5	UF1+U 157			
Physicians:	IMMEDIATE CAUSE (A) TILLING.T	Hisaasa of undetermined type			
ici	ANTECEDENT CAUSE (S)	less - es andete mand dune			
IVS	DISEASES OR CONDITIONS, IF ANY. (B) TO MOINTIC O	isansa of underarmined type			
P	STATING UNDERLYING CAUSE LAST. DUE TO				
it.	(C)				
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
OOL	DISEASE OR CONDITION CAUSING DEATH. MICTO	caphaly			
m	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
-	7	YES NO			
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?			
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?			
e i	22 I hereby certify that I attended the deceased from 20 Ju	Tyr 19 55 to 20 Tully 19 55 that I last saw the deceases			
80	22. I hereby certify that I attended the deceased from 29. July, 19.55 to 29. July., 19.55 that I last saw the deceased alive on 29. July., 155, and that death occurred at 5:00AM, from the causes and on the date stated above.  SIGNATURE SIGNATURE SIGNED				
correct	H. A. PEARSON ITIG. MC. USN. U.S. Na. 1 IM. 23. BURIAL, CREMATION, DATE THEREOF?   NAME OF CEMETE	NVOK CREMATORY LOCATION (City, town, of county) (State			
	RINTAL (SPECIFY) 7-30-55 MT OLIVET	Washington, D.C.			
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 7-29-55	24. FUNERAL DIRECTOR R. A. Fumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Maryland			

BUREAU V. S.

AUG I 1955

BECEINED

BUREAU V. S.

10L 26 1955

DECENTED

184

	carefully. The correct and legibly.	
ED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.	
MAKGIN KESEKVED FOR BINDING	TH UNFADING INK.	
	SE WRITE PLAINLY, WI's age is especially importa	
	PLEAS	4

VS. A15A - 5 - 53

# 6769 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

AR	700
Reg.	Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 223

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONTGO MILEYU MARYLAND	STATE Maryland COUNTY Montgo	meru
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  CITY (If outside corporate limits, write RURAL (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Chevy Chase	give nearest town)
HOSPITAL OR SINSTITUTION OR STREET ADDRESS Wash. Sanitarium V / tospita	STREET (If rural, give location)	t /
8. NAME OF (First) (Middle) DECEASED: (Type or Print) Susan — All	Last)  4. DATE (Month) (Day  OF DEATH July 11	(Year) 1955
	E OF BIRTH: 9. AGE last birthday: FUNDER I Y	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, end if retired a company of the company	71111011	CITIZEN OF WHAT COUNTRY?
Edward N. Sibe	Emma Bender	
I5. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS: Hosb, Chart	
18. MEDIC.	AL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	thron boais	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause DUE TO  stating underlying cause last (c)	arterio-selvosio	1070
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No [
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bldg., etc. CAUSE OF DEATH.		(State)
2Id. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED While at Not while INJURY M. work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes [], Accidental Control of the remains described from: Natural causes [], Accidental of the remains described from: Natural causes [], Accidental of the remains described from: Natural causes [], Accidental of the remains described from: Natural causes [], Accidental of the remains described from: Natural causes [], Accidental of the remains described from: Natural causes [], Accidental of the remains described from: Natural causes [], Accidental of the remains described from: Natural causes [], Accidental of the remains described from: Natural causes [], Accidental of the remains described from: Natural causes [], Accidental of the remains described from: Natural causes [], Accidental of the remains described from: Natural causes [], Accidental of the remains described from: Natural causes [], Accidental of the remains described from: Natural causes [], Accidental of the remains described from: Natural causes [], Accidental of the remains described from: Natural causes [], Accidental of the remains described from the remains des		
REMOVAL ISpection: 7-14-55 Nakhilf	Y OR CREMATORY LOCATION (City, town, or co	4
PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OTICL	They Chast F. H. 5103	West Cuy
0.	W.W.	Wosh, Dil

ENE 182 1862

MEDICAL.	EXAMINER'S	CERTIFICATE	OF	DEATH
		CIVILLIAND	U.L	

MEDICAL EXAMINER'S CE.	KIIFICATE OF DEATH	No. A
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MARYLAND	STATE md COUNTY Mond	4
OR and give mearest town TOWN Lawrence Town Length OF STA		d'give nearest town)
HOSPITAL OR INSTITUTION OR Dearn of Cuz	STREET ADDRESS RFW C 2	/
	(Last)  1. DATE (Month) (Day OF DEATH 7 - 7	1955
m (RACE: WIDOWED, DIVORCED, (Specify): Jung 10 7.	ATE OF BIRTH   9. AGE last birthday: Funder I   1   1   1   1   1   1   1   1   1	ays Hours Min.
work done during post of work life even if retired?	72.01	COUNTRY?
13. FATHER'S NAME: Lackie Cornold	14. MOTHER'S MAIDEN NAME:	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service) as Koug 2 20-28.56	17. INFORMANT & ADDRESS:	nex
	DICAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Lebrol 7	remore house	Dudden
DUE TO	0 . /	NIT
Antecedent cause(s)	tracture of should	
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO		
stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION		20. AUTOPSY?
		Yes 🗌 No 🔯
21a. EXTERNAL CAUSE WAS PRIMARY → or CONTRIBUTING ☐ OF street, office bldg., CAUSE OF DEATH. INJURY	etc., Gaithersburg Monty	(State)
2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work at work	Ed Divar Jante whit strum	h light fole
22. I hereby certify that I took charge of the remains desc		
find that death resulted from: Natural causes [], Ac	ccident ☑, Suicide ☐, Homicide ☐, Undeter	
Trans & Broschart	M. D. ASSISTANT MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	7-8-55
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or ex	ounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 9. 1955 - Ulmika J. Sont	c log wisarby Rope	mortille

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53



MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

791	CERTIFICATE	OF	DEATH	

RE, 18
Reg. Dist. No. 2/6

1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DEC	EASED:
COUNTY Montgomery	MARYLAND	STATE Md.	COUNTY NO	ntcomerv
CITY (If outside corporate limits, write R OR and give nearest town)	URAL LENGTH OF STAY (in this place)	CITY(If outside	corporate limits, write RU	RAL and give nearest town)
26 TOWN Rockville	7 Jears		kville	26
HOSPITAL OR 9109 Rockvi	lle Pike	STREET	(If rural give loc	cation)
94 STREET ADDRESS Stoneridge	Convent	ADDRESS 9109 Ro	ckville Pike	
	(Middle)	(Last) R.S.C.J	4. DATE (Month)	(Day) (Year)
3. NAME OF ther (First) DECEASED: Other (Victoria (Type or Print)	Ave	llaneda	OF DEATH: Jul	y 18, 1955
5. SEX: 6. COLOR OR 7. SINGLE, RACE: WIDOWE	D DIVORCED	OF BIRTH:	9. AGE last birthday Mont	
Female White (Specify):		0-1872	82 yrs. Mont	ths Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 108	KIND OF BUSINESS	11. BIRTHPLACE	(State or foreign country):	12. CITIZEN OF WHAT
even if retired): Religious	Nun	Argentina		Argentina V
13. FATHER'S NAME:		14. MOTHER'S M		The golf of the
Nicolas Avellaneda		Carm	en Nobrega	
IS. WAS DECKAGED EVER IN U.S. ARMED FORCEST	16. SDCIAL SECURITY ND.		& ADDRESS: CONVOI	of December
(Yes, no, or unk.) (If Yes, give war or dates	none	9109 Bocky	ille Pk., Was	ch 14 DC
no of service)	s. MEDICAL CERTIFICAT	-	LILO I HO, WOLL	INTERVAL BETWEEN
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY,	(B) Acute	Coronau Corona	I Thrombon	o H days
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE 19A. DATE OF OPERATION: 198. MAJOR	THE Cichist	Them bosis &	beft Leniglegia	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fac INJURY street, office bldg.,	tory, 21c. WHERE I , etc. INJURY OCCU	OID (City or town) R?	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work	21F. HOW DID	INJURY OCCUR?	
22. I hereby tertify that I attended the	e deceased from	14 , 1955, to	ly 18 , 19 55 that	I last saw the deceased
	that death occurred at	A.D. Betterdo	Mary Land.	date stated above.  DATE SIGNED  7/19/55  wn, or/count/) (State)
DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR'S			DIRECTOR 3821-14	ADDRESS

82130 12

## BUREAU V. S.

וווו צב יחבר



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATI	E OF DEATH Reg. Dist. 1	No. 2/6
1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont	gomery
CITY (If outside corporate limits, write RURAL OR and give nearest town)  Y TOWN Bethesda	Bethesda, Chevy Ch	
HOSPITAL OR INSTITUTION OR Suburban Hospital	STREET (If rural give location) ADDRESS 4403 Elm St.	1
(Type or Print) ANDICUM	(Last) 4. DATE (Month) (Day OF DEATH: July 1	F 5"
Male 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married Aug.	13, 1892 62 yrs. Months Day	Hours Min.
work done during most of working life. OR INDUSTRY: Pump estileties Representative—Chicago Co.	wasnington, D	U.S.
Andrew M. Bain	14. MOTHER'S MAIDEN NAME: Alice Davies	
(Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.	17. INFORMANT & ADDRESS: Leah S. 1 4403 Elm St, Chevy Chase, 1	Bain- Wife
I DISEASES OR CONDITIONS DIRECTLY LEADING TO BEATH  HH3 X  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Jerlensus Heur Juseus	10 Cary
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	YES NO NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING 2AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (County), etc. INJURY OCCUR?	(State)
OF INJURY (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not white at work   at work		
SIGNATURE	A M, from the causes and on the date st	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY) 7-5-1955 Mt. Olive	t Cemetery Washington,	D.C.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING PLAINLY, WITH PLEASE TYPE OR WRITE A15-10-53 VS.

Supply every item of information carefully. The

UNFADING INK.

M



DECENTED

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

63 0 CE	RTIFICATE	E OF DEAT	'H	Reg. Dist. N	To. 215
1. PLACE OF DEATH: COUNTY Montgomery	MARYLAND	2. USUAL RESIDER		12	Ho.
CITY (If outside corporate limits, write RURA OR and give nearest town)  X TOWN Bethesda Ruzal		CITY(If outside coor TOWN	orporate limits, write Lassmanor	16	give nearest town)
HOSPITAL OR SINSTITUTION OR STREET ADDRESS U.S. Naval Hosp:	ital	STREET ADDRESS 217 Hampto	on Street	e location)	V
DECEASED: (Type or Print) Baby Girl	BALA			uly 2	19 55
	INGLE 7-1	-55	yrs.	Months Days	Hours Min.
work done during most of working life, even if retired):	NO OF BUSINESS R INDUSTRY: NONE	Maryland	3	(ry): 12. C1	U.S.
13. Father's NAME: Pedro Baccay BALAWAG		Socorro ZI	PAGAN		
(Yes, no, or unk.) (If Yes, give war or dates of service)	SOCIAL SECURITY NO.		OADDRESSLAWAG Glassman		_
I DISEASES OR CONDITIONS DIRECTLY LEAD  76 3 MMEDIATE CAUSE (A)  ANTECEDENT CAUSE (5)  DISEASES OR CONDITIONS, IF ANY, (B)	5 wy	sected-	Inters		Duis
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: 19B. MAJOR FINE	IBUTING TE	m I w	Part l		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OF INJ	(City or town)	(County)	(State)		
21D. TIME (Month) (Day) (Year) (Hour) 21E OF INJURY					
					ated above. SIGNED  55 Dunty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNED REGISTRAR'S	GNATURE CAMPELLE		MATTINGLY 13 ashington, D		PDRESS
	/				

DECEDAED

BUREAU V. S.

BUREAU V. S.

and our across of the ASIG SN CHIPLE HER SINGLES

The

Supply every item of information carefully.

FOR	INK.
MARGIN RESERVED FOR	TYPE OR WRITE PLAINLY, WITH UNFADING INK.
ARGIN	WITH
) M.	PLAINLY,
19	WRITE
	OR
10 - 53	TYPE

PLEASE

1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF	DECEASED:		
COUNTY Montgomery MARYLAN	ID.	STATE Virg	inia COUNTY	,		
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		CITY(If outside corporate limits, write RURAL and give nearest town)				
OR and give nearest town) (in thi	is place)	OR		0 3	2 4 2	
	17 days	TOWN Alex		00	) X - O	
HOSPITAL OR		STREET	(If rural give	ve location)	,	
5/STREET ADDRESS U. S. Naval Hospital		334 N.	Columbus St	reet		
3. NAME OF (First) (Middle)	(L	ast)	4. DATE (Mor	nth) (Day	(Year)	
DECEASED:	PA	RKES	OF DEATH: J1	12 7 2	2 19 55	
(1)	B. DATE O	2 04 - 12 10	9. AGE last birthday			
Male White (Specify): Single	5-2-92		63 yrs.	Months Days		
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUS	SINESS	1. BIRTHPLACE	(State or foreign coun			
work done during most of working life, OR INDUSTRY	Y:	C			UNTRY?	
even if retired): Cook Restaurant		Greece	AIDEN MANE	U.S	0.	
13. FATHER'S NAME:		14. MOTHER'S M	IAIDEN NAME:			
Jimmy BARKES	E SUC.	Lena (Unk	mown)			
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECUR	RITY NO.	17. INFORMANT		E32/437		
(Yes, no, or unk.) (If Yes, give war or dates of service) WW I Unknown	1000		. Billie FRE		tio II-	
Ves   of service) WW 1   Unknown			mbus Street,	Alexandi	ria, va.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	A				NSET AND DEATH	
19918 - Bulon	anged h	Madaga A	1 Curan		Gons	
IMMEDIATE CAUSE	1	- 400	- william	_	0	
ANTECEDENT CAUSE (S)	0	0 1	11.1.1.	7-	1	
DISEASES OR CONDITIONS, IF ANY, (B) Fances	nos cell	a Epil	Colla + Ban	1,0000	, I you	
STATING UNDERLYING CAUSE LAST.		, 0		0		
(C)						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE						
DISEASE OR CONDITION CAUSING DEATH.	ODEDATION					
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF C	SPERATION				20. AUTOPSY?	
					YES NO	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	, farm, factor office bldg., et	y, 21c. WHERE	DID (City or town) JR?	(County)	(State)	
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY C		21F. HOW DID	INJURY OCCUR?			
	t while work					
		1077	T-7 10""			
22. I hereby certify that I attended the deceased from	m 15red	• , 1955, to	JULY, 1955., t.	hat I last sa	iw the deceased	
alve ow 2. July, 19.55 , and that death occ	curred at 9	:08PM, from t	the causes and on	the date sta	signed	
S. D. BOND CDR MC USN U. S. Naval 1	Hospith	NINIMO DOL	hesda. Maryl	and		
23. BURIAL, CREMATION, DATE THEREOF NAME C	OF CEMETER	Y OR CREMATOR	Y LOCATION (Cit	y, town, or co	ounty) (State	
REMOVAL (SPECIFY)	ington N		Arlingto	n, Virgi	nia	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE)		24. FUNERAL			ADDRESS	
REGISTRAR 5	11000	Chambers I	uneral Home t. Washingto			



COLUMN DESIGNATION OF THE

### 68 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

A. DATE (Month) OF DECAM ONSVILLE (If rural give location) OF DEATH: July OF AGE last birthday TO yre.  State or foreign country):   1  NIDEN NAME: E Burton R ADDRESS: Record	COUNTRY?  U.S.A.
A. DATE (Month) OF DEATH: July OAGE last birthday To yre.  State or foreign country):   1	L and give nearest town  (Day)  (Day)  (Year)  26  19 55  1 YEAR  Days  Hours  Min.  2. CITIZEN OF WHA  COUNTRY?  U.S.A.
4. DATE (Month) OF DEATH: July DEATH: July AGE last birthday To yre.  State or foreign country):   1  NIDEN NAME: E Burton ADDRESS:	(Day) (Year)  26 19 55  RIYEAR   IF UNDER 24 MRS   Days   Min.  2. CITIZEN OF WHA COUNTRY?  U.S.A.
OF DEATH: JULY O AGE last birthday 75 yre.  State or foreign country): 11	26 19 55 RIYEAR   IF UNDER 24 HRS   Days   Hours   Min   COUNTRY?   U.S.A.
75 yrs.   Trunder Months   75 yrs.   Months   15 yrs.   1   1   1   1   1   1   1   1   1	Days Hours Min  2. CITIZEN OF WHA COUNTRY? U.S.A.
NIDEN NAME:  e Burton a Address:	U.S.A.
e Burton	INTERVAL BETWEE
uy, chemie	14 Months
	20. AUTOPSY?
Co (City or town) (Co	ounty) (State)
NJURY OCCUR?	
e causes and on the date of the Location (City, town,	te stated above.  OATE SIGNED  7/ ٤ 7/ 5 -
The state of the s	NJURY OCCUR?  Let causes and on the date of the causes and the causes are causes are causes are causes and the causes are c

10 - 53A15 VS.

PLEASE TYPE

MARGIN RESERVED FOR BINDING

OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

BUREAU V. S. 8 30 S 30 S

BECEINE

(1) ಪ

D rect

20

Ø

20. AUTOPSY1 YES NO D (County) (State) 22. I hereby certify that I attended the deceased from April, 1952, to 7., 195 ; that I last saw the deceased alive on PM, from the causes and on the date stated above. s, and that death occurred at 3 SIGNATURE ADDRESS DATE SIGNED 23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY THEREOF AOCATION (City, town, or county) REMOVAL (SPECIFY) Burial Ft. Lincoln Cemetery Prince George Co., Maryland DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 8434 Ga. REGISTRAR

(Day)

Dava

(Year)

WHAT

19

INTERVAL BETWEEN

ONSET AND DEATH

YEAR IF UNDER 24 HRE

COUNTRY?

BUREAU Y. S.

SSGI SI TAN

HY 13 TO THE SECOND

7	43	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
X.	correct	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 2/6
10		1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
	The	COUNTY TO al gorney MARYLAND STATE Maylacounty orige	mely
	carefully. The and legibly.	CITY (If outside corporate limits) write RUKAL LENGTH OF STAY (If outside corporate limits write RURAL and OR TOWN CITY (If outside corporate limits write RURAL and OR TOWN	give nearest town)
1		HOSPITAL OR INSTITUTION OR Subjection Cosp of ADDRESS PFN #2 Holly	word any
M	of death clearly	3. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) (Day OF DEATH ) (Month) (Day OF DEATH )	(Year) 1955
	infor	5. SEX:  6. COLOR OR RACE   7. SINGLE MARRIED,   8. DATE OF BIRTH:   9. AGE last birthday:   IF UNDER I STATE OF BIRTH:   9. AGE last birthday:   1. AGE la	YEAR IF UNDER 24 HRS.  ays Hours Min.
5NG	o jo s	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (State or foreign country):   12.	COUNTRY?
IUNI	every item he causes of	13. FATHER'S NAME: W. & Bennett Other's Mother's Miden NAME:	+
FOR BINDING	Supply evwrite the	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) (Same	address)
	Sup	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
VE		I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
RESERVED	INK.	Immediate cause (a) Longe III Fair Fullit	devoralday
ES	C5 PA	Antecedent cause(s)	1000 7
	ADIN icians:	Diseases or conditions, if any, (b) ////EUUSCLE/IOSUM, SEVERALLY COLORIDALLY giving rise to the above cause DUE TO	yrs:
ARGIN	UNFA] Physici	stating underlying cause last (c)	urs
MA	PH	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	? days
13	MITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	Yes No
		21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.  21b. PLACE (Home, farm, factory, office bldg., etc., INJURY)  (County)	(State)
	E PLAINT especially	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while injury M. work at work	
	P P	22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undeter	, Inquiry , and
	ITI is e	SIGNATURE CHIEF MEDICAL EXAMINER	DATE SIGNED
523	Wige	John 19. Boll  M. D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  ASSISTANT MEDICAL EXAM.	- 8 July six
A - 5	EASE	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, towns or contemporal (Specify):  DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE)  DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE)  124. FUNERAL PIRECTOR	ADDRESS
70	-		1 1

DEA

BUREAU V. S.

Silver Spring, Md.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6770 CERTIFICAT	E OF DEATH Reg. Dis	t. No. 223-
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
1. PLACE OF DEATH:  COUNTY MONTGOMERY MARYLAND  CITY (If outside conforate limits, write RURAL) LENGTH OF STA	STATE Md. COUNTY M.	nontgomer,
CITY (If outside conforate limits, write RURAL LENGTH OF STA		and gife nearest town)
OR and give nearest town) (in this place)  7 TOWN Takena Park, 2 dec		56
HOSPITAL OR TOUR STREET ADDRESS Wash. San. 4 hosp.	STREET (If rutal give location	) /
75 STREET ADDRESS Wash. Ban. 4 hosp.	71812 Piney B1	anch ra
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) (2011) 13(9th 400)	DILLEY DEATH: / -	21 1955
5. SEX:   6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED,	E OF BIRTH: 9. AGE last birthday   IF UNDER S	Days   Hours   Min.
m Cauc (Specify): married 9.	-12.21 33 yrs.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
even if retired): Mechanic Esso	Virginia	U.S.A
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Lewis t. Biller	Hanie E. milla	er
15. WAS DECEASED EVER IN U.S. ARMED FORCEST (16. SOCIAL SECURITY No. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
of service)	Wife - Same	
18. MEDICAL CERTIFICA	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) /Leute	Separtites	4 weeks
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY, (B) Lacr	ince Cerrhoses	1 in-ask
STATING UNDERLYING CAUSE LAST.		00
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE	nome	
DISEASE OR CONDITION CAUSING DEATH,	W (e)	
MASON PINDINGS OF OPERATION	N Comments of the comments of	20. AUTOPSY?
ACCUPANT WAS UNDERLYING TO 210 BLACE (Women forms for	attend of Museus and Other Asset (Con-	
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg	actory, 21c. WHERE DID (City or town) (Court, etc. INJURY OCCUR?	nty) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	ED   21F. HOW DID INJURY OCCUR?	
OF INJURY While While at work at work		
22. I hereby certify that I attended the deceased from Oar	17 10 57 to Oplical 10 55 that I los	t saw the deceased
alive on		stated above.
Lange 19th Courter	M.D. 86 41-Colesville Rd.	July 21 55
23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEME	TERY OR CREMATORY   LOCATION (City, town,	(r county) (State)
Removal (SPECIFY) Removal July 22,1955	Mt. Jackson, Shena	ndoah Co., Va.
PATE REC'D BY LOCAL LEGISTO ANS SIGNATURE	4. FUNERAL DIRECTOR	ADDRESS

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

DECEDAED 1955

BUREAU V. S.

# MARYLAND STATE DE ARTMENT OF HEALTH—BALTIMORE, 18

00,0	CERTIFICAT	E OF DEAT	TH Reg.	Dist. No. 215
1. PLACE OF DEATH:		2. USUAL RESIDE	ENCE (HOME) OF DECE	ASED:
COUNTY Montgomery	MARYLAND	STATE Dist	rict ofcoolumbia	a
CITY (If outside corporate limits, write	RURAL LENGTH OF STAY (in this place)	CITY(If outside	corporate limits, write RUF	RAL and give nearest town)
X TOWN Bethesda Rural	20 Hr 28 Mi		Washington, D.C	47 X -3
HOSPITAL OR		STREET ADDRESS	(If rural give loca	ation)
5/ STREET ADDRESS U. S. Naval	Hospital		Logan Circle N.	W. V
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) Baby	Girl BLA	CKWELL	OF DEATH: Jul	-1
5. SEX:  6. COLOR OR  7. SINGL	E, MARRIED,   8. DATE		9. AGE last birthday IF UNI	
RACE: WIDOV (Specify	'Single 7-	12 55	yrs. Monti	
Female   Negroid   (Special Control of Contr	OB. KIND OF BUSINESS	13-55		20   28     12. CITIZEN OF WHAT
work done during most of working life, even if retired);	OR INDUSTRY:			COUNTRY?
13. FATHER'S NAME:		Bethesda,	Maryland	U.S.
Henry Robert BLACKWELL		Shirley R	omaine HOLDEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates	16. SOCIAL SECURITY NO.		y Robert BLACKW.	ELL
No of service)	Mone	Same as abov		
/	18. MEDICAL CERTIFICAT	TION	1 1	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		4	ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pulmo	nacy	Men	0 00/27
ANTECEDENT CAUSE (S)	DUE TO Newbr	and I	lisease-	200100
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	DUE TO B. PI	Quate	July de	
STATING UNDERLYING CAUSE LAST.	(c) H MD'S	- W.T.	2651303-	- 20hr 28"
II OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO				
19A. DATE OF OPERATION: 19B. MAJO		N		20. AUTOPSY?
				YES NO X
21A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH	IB. PLACE (Home, farm, fac OF INJURY street, office bldg.	etory, 21c. WHERE C		County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While Not while at work	D   21F. HOW DID I	NJURY OCCUR?	100 年 100
22. I hereby certify that I attended		1 1055 to 11	Tully 1055 that I	last saw the decesses
alive on 14 July 1, 19 55, an	nd that death occurred at	M. from the	ne causes and on the c	late stated above.
11.01	/ January	DDDRESS	thoods Monrel on	G 25 55
V.S. MATTHEWS TODE MC USA 23. BURIAL, CREMATION, DATE THER	U.S. Naval Hospi	ERY OR CREMATORY	thesda, Marylan	vn, or county) (State)
Burial (SPECIFY) 7-17-55			humbland County	
DATE REC'D BY LOCAL REGISTRAR			SHERGION, 467 N	
REGISTRAR 7-14-55	to Farrell	nemry S.WA	Washingto	n. D.C.
bill I lake	D. Jarou	Left		

7518132 20 VS. A carefully. The

every item of information

Supply

INK.

UNFADING

WITH

PLAINLY,

WRITE

OR

PLEASE TYPE

MARGIN RESERVED FOR BINDING

· rest contraction

Additional and the state of the

BUREAU V. E.

SS6I 6T 701

ANY COMMENCE OF THE PROPERTY OF THE ASSESSMENT OF THE WARRENCE OF THE PROPERTY A LEAN TO SECTION OF THE PARTY OF THE PARTY

22. I hereby certify that I attended the deceased from

July

THEREOF/

16,1955

Reg. Dist. No. 2/

(Dav)

Dave

Months

(Year)

Hours

112. CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

(State)

(State)

(County)

66, 19 ...., that I last saw the deceased

DATE SIGNED

Silver Spring.

ADDRESS

M, from the causes and on the date stated above.

LOCATION (City, town, or coupty)

Cranston, Rhode Island

. to

NAME OF CEMETERY OR CREMATORY

St. Ann's Cemetery

ADDRESS

FUNERAL DIRECTOR

COUNTRY?

Unknown

Pinewood Avenue

68 17 CERTIFICATE OF DEATH carefully. 1. PLACE OF DEATH: legibly. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL) CITY(If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY and OR and give nearest town) (in this place) OR information TOWN TOWN HOSPITAL OR STREET clearly (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS (First) (Middle) 3. NAME OF (Last) DATE (Month) death DECEASED OF of (Type or Print) DEATH: C item COLOR OR 17. SINGLÉ MARRIED. DATE OF 9. AGE last birthday IF UNDER ! YEAR 8 BIRTH: WIDOWED, DIVORCED. RACE: of (Specify): Vrs. causes 108. KIND OF BUSINESS IOA. USUAL OCCUPATION (Give kind of (State or foreign country): OR INDUSTRY: work done during most of working life. even if retired) : Own Home Supply the 13. FATHER'S NAME: MOTHER'S MAIDEN NAME: te IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND 17. INFORMANT & ADDRESS Wri X (Yes. no. or unk.) (If Yes. give war or dates Elmer F. Blanchard. Z of service) Silver Spring, Md. se No None ea 18. MEDICAL CERTIFICATION C Z DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH d IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE (S DISEASES OR CONDITIONS, IF ANY, (B) Phys 団 GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (C) nt. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING importa TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION PI especially 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OR CONTRIBUTING TO CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work IS

and that death occurred at /0

2 0

PE

ΑL

SE

D

田

correct

alive on

23. BURIAL

Sh BENOVAL

SIGNATURE

DATE REC'D BY LOCAL

CREMATION.

S

BUREAU ED 1955

he god to some Sint some

Mind state of applicant links

r. The	68)8 CERTIFICATE OF DEATH Reg. Dist.	No. 216
carefully legibly.	1. PLACE OF DEATH:  COUNTY  MARYLAND  CITY (If outside comparate limits, write RURAL LENGTH OF STAY)  CITY (If outside comparate limits, write RURAL LENGTH OF STAY)  CITY (If outside comparate limits, write RURAL LENGTH OF STAY)	menuly
information clearly and	OR and rive nearest towns (in this place)  OR TOWN  HOSPITAL OR (INSTITUTION OR STREET ADDRESS  OR TOWN  STREET ADDRESS  If rural give location in this place)	e (x)
item of of death	DECEASED: (Type or Print) Laura (Kallel Blundon DEATH: July A	(Year) 19
	remale White (Specify): Wildowsky, June 10 100 pre. 013	Hours   Min.
ly every e causes		COUNTRY
K. Supply write the c	TIS. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: 1	L Vallo R
IN	(Yes, no, or unk.) (If Yes, give war or dates of service)  18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
DIN:	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  4.20.1  IMMEDIATE CAUSE  (A) LEATE WOCAN DIRECTLY LEADING TO DEATH  (A) LEATE WOCAN DIRECTLY LEADING TO DEATH	3- Laus (1
PLAINLY, WITH UNFA ly important. Physicians	ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  OUE TO  (B)  OUE TO  (C)	3 Days ()
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19) DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	YES NOTE
HTE PI	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory, 21c. WHERE DID (City of town) OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  21D. TIMF (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F HOW DID INJURY OCCUR?	y) (State)
OR WHA	OF INJURY While Not while at work at work	Ale desert
SE TYPE 0 correct age	22. I hereby certify that I attended the deceased from	stated above
PLEAS	Cremation 7-5-59 Cedar Hill Crematory Prince Geor	ge Md
	16/5 Bessie M. Shompson Pohert G. Vernighter Be	ethesda Mo

BECEINED

BUREAU V. S.

M 8 1022

Maryland ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 215 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly STATE Florida COUNTY MONTGOMERY MARYLAND COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL) LENGTH OF STAY and and give nearest town) (in this place) information TOWN Bethesda Rural TOWN Jacksonville 1 Mo 4 days clearly HOSPITAL OR STREET U. S. Naval Hospital, (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS NNMC, Bethesda 14, Maryland Birkenhead Road (First) (Middle) (Last) DATE (Month) 3. NAME OF (Day) (Year) death of DECEASED: 1955 BU YIUS DEATH: July Robert Dalton (Type or Print) item 6. COLOR OR | 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS. WIDOWED, DIVORCED, RACE: of Months Days Hours (Specify): Married 25 OCT 1908 46 Cauc. every IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: COUNTRY? even if retired): Mariner FOR BINDING U.S.A. Mariner Retired Colorado Supply 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Vyrna DAVIS Robert (n) BLYTH 17. INFORMANT & ADDRESS: Jacksonville, Fla. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SECURITY NO (Yes, no, or unk.) (If Yes, give war or dates Olive S. BLYTH, 5145 Birkenhead Rd., Z of service) Unknown pleas 18. MEDICAL CERTIFICATION NG INTERVAL BETWEEN ARGIN RESERVED DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH ADI IMMEDIATE CAUSE sician DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. \* (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE AINLY DISEASE OR CONDITION CAUSING DEATH impo 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF 20. especially 218. PLACE (Home, farm, factory, ACCIDENT WAS UNDERLYING 21c. WHERE DID (City or town) (County) (State) OF INJURY street, office bldg., etc. OR CONTRIBUTING CAUSE OF DEATH INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work .00 2 22. I hereby certify that I attended the deceased from 25. July..., 1955, to .. 28. July, 19.55 that I last saw the deceased 0 田 alive on 28 July 195..., and that death occurred at 2:20...PM, from the causes and on the date stated above. TYPI DATE SIGNED Bethesda, Maryland NAME OF CEMETERY OR CREMATORY Location (City, town, or county) Suitland, Prince Georges (State) 23. BURIAL, CREMATION,

Ceder Hill

FUNERAL DIRECTOR

Wisconsin

Pumphrey Funeral Home

Avenue Bethesda Md.

SE

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

Cremation

REGISTRAR

29 JULY 1955

REGISTRAR'S SIGNATURE

00

DECENTED

BUREAU V. S.

2361 I DUA

. Th	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Dist. No. 2/6
carefully.	1. PLACE OF DEATH:  COUNTY TO W COUNTY MARYLANO  STATE FOR COUNTY MARYLANO  STATE	ASEO: Cumberland
em of information careful death clearly and legibly	CITY (If outside corporate limits, write RURAL CITY (In this place)  CITY (If outside corporate limits, write RURAL (in this place)  OR TOWN  CITY (If outside corporate limits, write RURAL (in this place)  OR TOWN  TOWN	75 X. 3
item of information of death clearly and	HOSPITAL OR INSTITUTION OR SUBJECT HOSPITAL STREET ADDRESS Subject Son Hospital Street Address 2907 Chest met &	·
of in	3. NAME OF (First) DECEASED: (Type or Print) TVS. A C C C C C C C C C C C C C C C C C C	(Day) (Year)
ite	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF BIRTH   869   9. AGE last birthday   17 UND   Month   18/6/19   9. AGE last birthday   19 UND   Month   18/6/19   9. AGE last birthday   19 UND   Month   18/6/19   9. AGE last birthday   19 UND   18/6/19   9. AGE last birthday   18/6/19   9. AGE last birthda	B Ways Hours Min.
y every causes	work done during most of working life, even if retired):	12. CITIZEN OF WHAT
K. Supply write the c	13. FATHER'S NAME: JAMES HE HYMSTrong 14. MOTHER'S (MAIDEN NAME: In fiely)	- 0 - 0
K.	(Yes, no, or unk.) (If Yes, give war or dates of service)  15. WAS DECEASED EVER IN U.S. ARMED FORCEST (6. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: 10. 60. S	to preice
OING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
TH UNFAI	ANTECEDENT CAUSE (S)	100
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) OUE TO  (C)	911
~ 00	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING DEATH.	
	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
WRITE PL especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	County) (State)
P 70	OF INJURY OCCUR?  M.   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While   Not while   at work   at work   at work   at work   at work   at work	
TYPE OR rect age is	alive on	last saw the deceased te stated above.
	SIGNATURE  ADDRESS  M. D.  ADDRESS  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION, (Cits), tow	1118/5
PLEASE	DATE REC'O BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	IVI.D.
-	REGISTRAR 7. 20 53 Bersie M. Thompson W VI CHAMBERS	1400 Chapinist

10 - 53A15 VS.

MARGIN RESERVED FOR BINDING

BUREAU V. F.

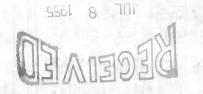
10 SE 1055

MINIST CENTRE HELL CREMATOR SOUTHERE Led vol Erambers Het Base

10

D

AI



BUREAU V. S.

The state of the s

MEGENVED 3055

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6812

## CERTIFICATE OF DEATH

Reg. Dist. No. 2/7

	CE	KILFICALE C	DEATH	Reg. Dist.	No. ~
· .	1. PLACE OF DEATH:	1 2.	USUAL RESIDENCE (HOME)	OF DECEASED:	
ibl	$\mathcal{C}_{\mathcal{A}}$	AU STORY	$m_0$	m	A-
90	COUNTY Jones omery	MARYLAND		NTY TYPAT	ould
d 1	CITY (If outside corporate limits, write RURAL OR and give nearest town)	(in this place)	OR • 1	Write RURAL and	give nearest town)
and legibly	56 TOWN		TOWN 31/W	DOUNG	56
	HOSPITAL OR INSTITUTION OR	, 5.5.	STREET (If run	al give location)	1
180	STREET ADDRESS 1-003 Cul	soulle Kd.	Bitch:	: Die	
clearly	3. NAME OF (First) (M	iddle) (Last)	4. DATE	(Month) (Da	y) (Year)
death	DECEASED: \	B	OF	m 1	F
lea	(Type or Print)  5. SEX:  6. COLOR OR  7. SINGLE, MAR	RIED.   8. DATE OF	BIRTH: 9. AGE last birth	day IF UNDER 1 YE	AR IF UNDER 24 HRS.
of (	RACE: WIDOWED, DI			Months Da	
	Female White (Specify): W	. 4/26	1.00	yrs. 2 6	
ıse	work done during most of working life, OR	IND OF BUSINESS IN.	BIRTHPLACE (State or foreign		OUNTRY 2
causes	even if retired): Home maken		Juckellsville	, II fell.	U.S. A
	13. FATHER'S NAME:	14	MOTHER'S MAIDEN NAME:	~ ~	07
write the	acros & Astho	7	(January)	17 Jal	Ruma
rit		OCIAL SECURITY No. 17	. INFORMANT & ADDRESS:		
	(Yes, no, or unk.) (If Yes, give war or dates of service)	2000	de Dout	B Cat	Dalama
please		EDICAL CERTIFICATION	S 1	Coules M	THERVAL BETWEEN
ole	I DISEASES OR CONDITIONS DIRECTLY LEAD		3.11000 1.	string, in	ONSET AND DEATH
	593X		7		51
ns.	IMMEDIATE CAUSE (A)	Mamus	· ougrande	3	varys
Physicians	ANTECEDENT CAUSE (S)	10			0
/si	DISEASES OR CONDITIONS, IF ANY. (B)	Replinite	_		yran
Ph	STATING UNDERLYING CAUSE LAST.	ro			V
	(c)	Chronia	archiles		Jeans
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE	BUTING			
ort	DISEASE OR CONDITION CAUSING DEATH.				
шb	19A. DATE OF OPERATION: 19B. MAJOR FIND	INGS OF OPERATION			20. AUTOPSY?
					YES NO
especially		ACE (Home, farm, factory,	21c. WHERE DID (City or to	wn) (County	) (State)
ecii	OR CONTRIBUTING CAUSE OF DEATH OF INJU	JRY street, office bldg., etc.	INJURY OCCUR?		
sp	21D. TIME (Month) (Day) (Year) (Hour)   21E		IF. HOW DID INJURY OCCUP	₹7	
	OF INJURY While at w				
.03	22 Il	anged from 2/1/	, 1953, to /7/1/ , 195	5 that I last	saw the deceased
age	22. I hereby certify that I attended the dec	/ /	/ /		
	alive on 6,30,, 1955, and that	death occurred at	M, from the causes and	on the date st	tated above.
correct	SIGNATURE /		8 1 - 41.	m, P	11/55
OL	23. BURIAL, CREMATION, DATE THEREOF	M. D.	OR CREMATORY   LOCATION	(City, town, or	county) (State)
0	REMOVAL (SPECIFY)	Ware a di	1 17	Dinilla	md
	mal	Monocary	FUNERAL DIFFERE	wills	ADDRESS
	DATE REC'D BY LOCAL REGISTRAR'S SIGN	NATURE 2	. FUNERAL DIRECTOR	las It	AUDRESS ,
	7-1-5-5 Kerlinde	sawer /	arner levy	my fels	WATERNO

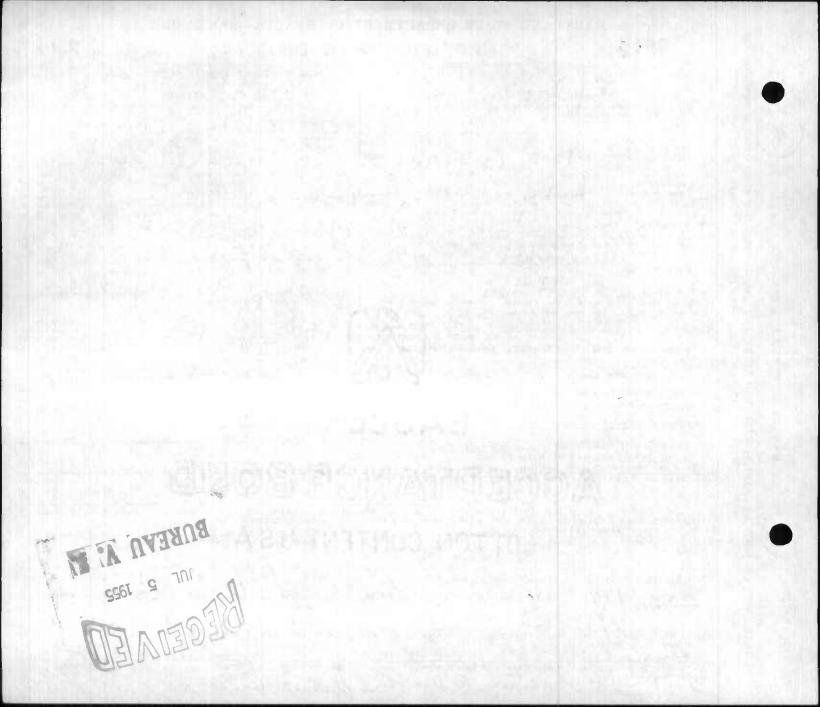
VS. A15 — 10 - 53

PLEASE TYPE

MARGIN RESERVED FOR BINDING

OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Montgomery Maryland	STATE Maryland cou	NTY Montg.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  TOWN Damascus Life	CITY (If outside corporate limits, write RURAL OR TOWN Damascus	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (1f rural give location	n) /
3. NAME OF DECEASED: (First) (Middle) (Type or Print) Franklin Ellsworth Bur		19 55
Male White WIDOWED, DIVORCED, (Specify)Widowed Sept.	18.1873   81 yrs.	Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, RECTIFUE TO FARMER 10b. KIND OF BUSINESS OR INDUSTRY: OWN Farm	Damascus Md.	CITIZEN OF WHAT COUNTRY? USA
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Nathan J. Burdette	Rispa Ann Lewis	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of service)	INFORMANT & ADDRESS: axwell E. Burdette, Damasc	us Md.
18. MEDICAL CERTIFICATION		Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
Immediate cause  (a) Pyelonejshi	ritis	4 m 05.
Antecedent causes (s) Diseases or conditions, if any, interest or the thought care.  (b) Chron: C P	rostatib	years
stating the underlying cause last. DUE TO  (e) Benign Ay	pertrophy of Produte	years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	enteriosclensis. Modhyportousi	on
5/17/55 Benian Hypertrophy et	Prospec	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED   While at Not While   Not Work,	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/13	.1955 to 7/10 1955, that I las	t saw the deceased
alive on 7/0, 1935, and that death occurred at 4	:25 AM, from the causes and on the date	stated above.
Sieni J. Merden M.D. B.	over Clinic Damascus Ms. 7	11/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER BUY 181 (Specify) July 12.1955 Damas	CUS Damascus Md	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR  JULIA // 195-5 Julia W. Burdutt	ofin L. Molesworth, Damas	cus, Md.



BUREAU V!

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

The

Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

UNFADING INK.

WITH

WRITE PLAINLY,

OR.

TYPE

PLEASE

A15-10-53

6772 CERI	CIFICATE (	OF DEAT	TH Reg.	Dist. No. 223,
1. PLACE OF OEATH:	2.	USUAL RESIDE	NCE (HOME) OF OECE	ASED:
COUNTY Montgomery MAI	RYLANO	STATE Marc	land COUNTY A	Montgomery
CITY (If outside corporate limits, write RURAL) LE	NGTH OF STAY	CITY(If outside		AL and give nearest town)
77 TOWN TAKOMA Park	(in this place)  H days	TOWN Silv		150
HOSPITAL OR	77 6 4 73	STREET	(If rural give loca	ation)
75 STREET ADDRESS Washington Sanitario	in + Hespital	AODRESS 9 5	316 Ocala	St.
3. NAME OF (First) (Middle) DECEASED:	(Last	t)	4. DATE (Month)	(Day) (Year)
(Type or Print) JAMES MC ELFI			DEATH: JULY	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED WIOOWED, OIVOR (Specify): Married	CED.	- 93	9. AGE last birthday Month	
OA. USUAL OCCUPATION (Give kind of 108 KINO C		1 -		12. CITIZEN OF WHAT
work done during most of working life. OR IND	USTRY:			COUNTRY
2. FATHER'S NAME:	14	MASULING	ton, D. C.	Amer-USA
T 3:		Ana		
JAMES T BUTLER  S. WAS DECEASED EVER IN U.S. ARMED FORCEST   18. SOCIAL	SECURITY No. 17	7. INFORMANT 8	MAE YOU!	VG
(Yes, no, or unk.) (If Yes, give war or dates Ton. IIn.	available	1. INFORMANT 6	AUURESS:	
NO' of service)	avaliable /	IRS MAR	Y YOUNG-	SAME ADORESS
I DISEASES OR CONDITIONS DIRECTLY LEADING	CAL CERTIFICATION			INTERVAL BETWEEN
11113 X	) DEATH	1/	1	ONSET AND DEATH
IMMEDIATE CAUSE (A)	revial	Hema	rhage	4 days
ANTECEDENT CAUSE (S:	11 -		0	0
DISEASES OR CONDITIONS, IF ANY, (B)	Jane	usion.		8 hor
STATING UNDERLYING CAUSE LAST. OUE TO	-40.	An a	n= 1/ n	n'
(c) U	rerisacle	ustic Ca	des Vascular &	lescree ?
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE	NG			
OISEASE OR CONDITION CAUSING DEATH.				
19A. DATE OF OPERATION: 19B. MAJOR FINOINGS	OF OPERATION			20. AUTOPSY?
				YES NO P
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OR CONTRIBUTING   CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, factory, street, office bldg., etc.	21c. WHERE D	OID (City or town) (R7	County) (State)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJ	URY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OF INJURY M. While at work	Not while at work			
22. I hereby certify that I attended the decease	ed from Dec	, 195 to	uly, 1955, that I	last saw the deceased
alive on 14, 1955, and that dea	th occurred at 4	M, from the		late stated above.
Kirsell 13. Unde	M. O.	8 801 coces	ming lad	July 14, 1953
REMOVAL (SPECIFY)	t. Lincoln Ce	meterv	Prince Geore	e County, Md.
PATE REC'O BY LOCAL REGISTRATE SIGNATURE	JRR PORS 4	24. FUNERAL D	PRECTOR 843	4 Ga. AVE.

SSGI 81 7111

BUREAU V. S.

AND ASSESSED THE PROPERTY OF THE PARTY OF TH

# EXAMINER'S CERTIFICATE

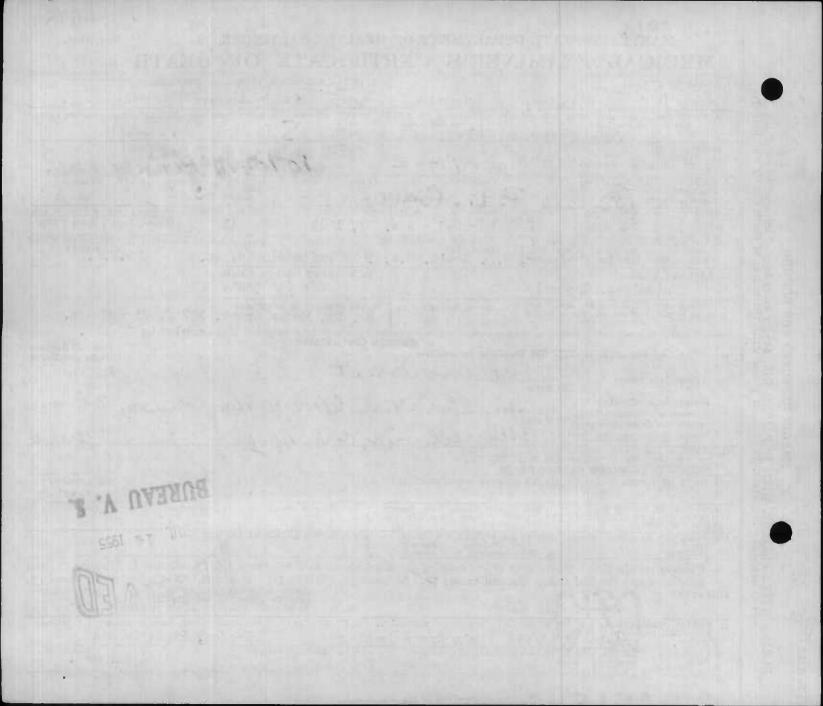
LY, WITH UNFADING INK. Supply every item of information carefully. I important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRI

VS. A15A - 563

MARGIN RESERVED FOR BINDING

		110
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HONE) OF DECEASED:	
COUNTY MONTGOMEYU MARYLAND	STATE TO GO COUNTY WAL	roma.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) TOWN Service RURAL LENGTH OF STAY (in this place)	CITY (If outside exporate limits write RURAL and TOWN	give nearest town)
HOSPITAL OR DINSTITUTION OR 10104 MCKINNEY AVE	STREET ADDRESS 10, 104 MCKINNO	ave.
3. NAME OF DECEASED: (Type or Print) FYAME S P. L. CAP	ORALE OF DEATH (Month) (Day	(Year) 19 ST
5. SEX: 6. COLOR OR NOT		rear   IF UNDER 24 HRS.  Rys   Hours   Mln.
work done during most of work life, even if retired Radio Engineer, U.S. Gov't. C.A.		CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Pasquale A. Caporale	Adelina Basta	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of Scrvice)	Mr. Wm. Rowen Grant, 307 E. Gir	
18. MEDICA	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	- 1	ONSET AND DEATH
Immediate cause (a) Cardiac ar	rest	Fur Muse
DUE TO		1
Antecedent cause(s) Diseases or conditions, if any, (b) Thrombours W	an lefodescending Coronary	3 hours
giving rise to the above cause DUE TO		
stating underlying cause last (c) Wheroseleson	v. Caravaru	3 years)
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   OF Street, office bldg., etc. CAUSE OF DEATH.	,	(State)
2id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not wbile at work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ	bed above, held an Autopsy D, Inspection	, Inquiry [], and
find that death resulted from: Natural causes , Accid		
SIGNATURE John 13. Ball		DATE SIGNED . 11 July 55.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 7/12/55 Holy Cross Ce	emetery Yeadon, Pennsylv	, , , , , , , , , , , , , , , , , , , ,
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	1 24, FUNERAL DIRECTOR	ADDRESS



ect	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
Orr	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No.
Je c	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED;	
FA	COUNTY /110 wy oney MARYLAND STATE TICALY & SPUNTY/110 WF	
carefully.	CITY (If outside corporate limits, write AURAL OR and give nearest tends (In this place) OR TOWN COCKUITE	ind give neares town)
n care	HOSPITAL OR 7 INSTITUTION OR Subau Acspilal Address 6/3 Douglas	" ang "
f information death clearly	3. NAME OF (First) DECEASED: (Last) (Last) (Last) (Type or Print) TVS. Clava E. Carter DEATH July,	(Year) (Year) 1955
infor	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTII: 9. AGE last birthday: IT DNDER WIDOWED, DIVORCED, 7/10/0/54/yrs. Months	Days Hours Min.
of of	10a. USUAL OCCUPATION (Give kind of work life, even if pettred):	12. CITIZEN OF WHAT
every iter he causes	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME;	*
y e the	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of scrvice)  16. Social Security No.: 17. INFORMANT & ADDRESS:  William A. Carter Health	P
Suppl Suppl write	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
K. S.	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
RESERVED NG INK. St	Immediate cause (a) Lor - pulmonale	muntites.
ES G	Antecedent cause(s)	4 2 3
	Diseases or conditions, if any (b) INAGALUE EMPORES, Pellomonary Malery	munules:
GITA A I	giving rise to the above cause DUE TO	1. 2. 7
MARGIN UNFAD Physicia	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	lutes .
FI PH	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CARCUNOMIA, DIGITIONICA - ALCALISM	2/2 420.
ITI	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: Incherable CA segiment - raction	
W C	24 Wint 5 5 Cubinatory Information C. Inanspense Coloniany 21a, EXTERNAL CAUSE WAS   21b, PLACE (Home, farm factory,   21c, (City or town)	Yes No [
LY, WITH important.	21a. EXTERNAL CAUSE WAS  PRIMARY   Or CONTRIBUTING   OF street, office bldg., etc., INJURY  CAUSE OF DEATH.	(state)
WRITE PLAINLY ge is especially im	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work \( \Boxed{\boxed} \) at work \( \Boxed{\boxed} \)	
P. P	22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection	
EE	find that death resulted from: Natural causes , Accident , Suicide , Homicide , Under SIGNATURE CHIEF MEDICAL EXAMINER	termined cause [].  DATE SIGNED
WRI ge is	SIGNATURE  Trank Division + M. D. ASSISTANT MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER	1 /1/ SIGNED
	23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or	county) (State)
ASI	Sund (Specify) ? 7-22-55 Lucry Park, Tockville	my.
LE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AS FUNERAL DIRECTOR REGIST 22 . (7- Beauty M. Shompan A. FUNERAL DIRECTOR	ADDRESS OCIENT O
o H	1 as 00 1 seems 11	mi

DECEDAED

BUREAU V. S.

VS.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6316 CERTIFICATE OF DEATH

1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DEC	EASED:		
COUNTY Montgomery MARY	LAND	STATE Mary	yland county Pi	rivce G	eorges	
CITY (If outside comporate limits, write RURAL LENG OR and give nearest town)			corporate limits, write RU	RAL and		st town)
HOSPITAL OR The Clinical Center National Institutes	of Health	STREET ADDRESS 14104 40th	(If rural give loc St.			1
S. NAME OF (First) (Middle) DECEASED: (Type or Print) Jane	Ces	(Last) stone	4. DATE (Month) OF DEATH: JU	(Day	, , , , ,	55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify): Married	B. DATE	of BIRTH: 9, 1901	9. AGE last birthday IF UN Mont	DER I YEAR	IF UNDER	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):Housewife		Scotland	(State or foreign country):	CO	TIZEN OF UNTRY? tland	WHAT
13. FATHER'S NAME: Patrick McCairn		Ellen Do				
(Yes, no, or unk.) (If Yes, give war or dates of service)  15. SOCIAL S  NONE	ECURITY No.	The medical	a ADDRESS: record, The Cl	inical	Cente	r
18. MEDICAL	L CERTIFICAT	TION		IN	TERVAL B	ETWEEN
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	ltiple my	reloma.			CW = -	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	3	-				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
19a. Date of operation: 19b. Major findings of June 8, 1955 Trephining of Ski			negative.		O. AUTO	DPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (HOR CONTRIBUTING CAUSE OF DEATH OF INJURY STRUCTURE, NOTIFY MEDICAL EXAMINER)			DID (City or town)	(County)		ate)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJUR	Not while at work	21F. HOW DID	INJURY OCCUR?			
	occurred at	9:40PM, from t	he causes and on the is al Center nst. of Health	date sta DATE : July 1	ted above 6, 195	e.
DATE REC'D BY LOCAL   BEGISTRAR'S SIGNATURE	T. LINC	24. FUNERAL I	Colman MANO	A, A	DDRESS	

BUREAU V. S.

3961 61 700

OB AIBOBY

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6817	CERTIF	ICATI	OF DEA	TH	Reg. Die	st. No.	21	0
1. PLACE OF DEATH:			2. USUAL RES	DENCE (HOME) OF	DECEAS	ED:	1	
COUNTY Montgomery	MARYLAI	ND	STATE	COUNT	Y			
CITY (If outside corporate limits, write R OR and give nearest town) TOWN Bethesda	(in th	days	OR	le corporate limits, writehington, D.C		and giv	7 X	st town
HOSPITAL OR The Clinical INSTITUTION OR STREET ADDRESS National Inst		Health	STREET ADDRESS	(If rural g 73 Columbia R	ive location	n) W.		1
3. NAME OF (First) DECEASED: (Type or Print) Helen	(Middle) Marie		(Last) apman	4. DATE (MO	onth)	(Day)		55
5. SEX:   6. COLOR OR   7. SINGLE, WIDOWE (Specify):	MARRIED, D. DIVORCED. Married		of BIRTH:	9. AGE iast birthday 56 yrs.		Days	Hours	Min.
work done during most of working life,	OR INDUSTR		Ohio	(State or foreign cou	ntry):  12		EN OF	WHAT
13. FATHER'S NAME: Thomas Whelan			14. MOTHER'S Ella Arn					
(Yes, no, or unk.) (If Yes, give war or dates of service)	None	RITY ND.	The medical	a ADDRESS:	Clini	.cal	Cente	er
7 110	8. MEDICAL C	FRIFICAT					RVAL B	
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, 1F ANY,		eritis Lonephri	-	vesæls and	chroni	c		
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE	HE (	Coronar	y arteries a	rteriosclero	sis			
None None None	FINDINGS OF	OPERATION					AUTO	NO [
21a. ACCIDENT WAS UNDERLYING 21E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home INJURY street, None	e, farm, fact office bidg.,	etc. INJURY OCC	DID (City or town)	(Cou	nty)	(St	tate)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		OCCURRED ot while work	21F. HOW DIE	INJURY OCCUR?				
23. BURIAL, CREMATION, DATE THEREOREMOVAL (SPECIFY)	Richard M	ester) M	8.20A	the causes and on ical Center Institutes (				e.
DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR'S	SIGNATURE	yzage	24. FUNERAL	7 100	7,000		DRESS	nho

OR

TYPE

PLEASE

MARGIN RESERVED FOR BINDING

Supply every item of information catefully. The

VS.



ADDRESS

DATE REC'D BY LOCAL REGISTRAR 7-24-55

REGISTRAR'S SIGNATURE

			-
00	Dist.	No	~

6818 CERTIFICATI	E OF DEAT	YH R	eg. Dist. No	215
1. PLACE OF DEATH:	2. USUAL RESIDE	NCE (HOME) OF D	ECEASED:	1
COUNTY Montgomery MARYLAND	STATE Dist	rict of Galun	nbia	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside c	orporate limits, write		ive nearest town
OR and give nearest town)  Y TOWN Bethesda Rural  (in this place)  33 days	TOWN Washi	ngton, D.C.	11	7 × 3
HOSPITAL OR	STREET	(If rural give		1 1 - 0
/ INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	ADDRESS 229	E Street, N.	.W.	V
	(Last)	4. DATE (Mont	h) (Day)	(Year)
DECEASED: (Type or Print) William Russell CLA	ATTERBUCK	OF DEATH July	7 24	19 55
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   RACE:   WIDOWED, DIVORCED,	OF BIRTH: 9	. AGE last birthday		
Male White (Specify): Married 1-13-	-88	67 yrs.	Ionths Days	Hours   Min.
DA. USUAL OCCUPATION (Give kind of Norking life. OR INDUSTRY:	II. BIRTHPLACE (S		COU	JNTRY?
even if retired): Lather	Virgini		U. 3	5.
		IDEN NAME:		
Ben CLATTERBUCK	Unknown			
Yes, no, or ank. (If Yes, give war or dates	Wife Robert	a CLATTERBUCI	K	
Yes of service) WW1 Unknown	Same as abo	ve		
18. MEDICAL CERTIFICAT	TION	4		TERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	n	1. 1	ON	SET AND DEAT
IMMEDIATE CAUSE (A) INTARCY	Ry OCClu	CHE CIA!		
DUE TO A	111	1		. /
ANTECEDENT CAUSE (S)	RU DCC/1	SIGNI		IhD.
OITHO RISE TO THE ABOVE CAUSE DIE TO	ry but to		-	1171
STATING UNDERLYING CAUSE LAST.	Athern	Schrisi	. 7	71175
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	/	70101(1712		7/52
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	N		1 2	O. AUTOPSY?
2				ES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc.   INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR? While   Not while				
DE INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID IN	NJURY OCCUR?		
M.   at work   at work				
22. I hereby certify that I attended the deceased from 21 Ju				
alive on 74 July , 1955 , and that death occurred at	4:00A M, from the	e causes and on tl	ne date stat	ed above.
W. B. INGRAM LCDR MC USN U. S. Naval Hospi	ital. NNMC. Be	thesda. Marv	land	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY)	ERY OR CREMATORY	LOCATION (City	, town, or cou	
Primin 7 77 75 Unahimatan 1	Mati and T	Suitland	Marviland	

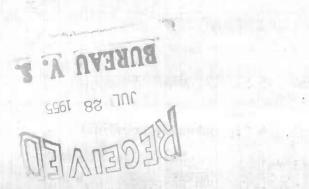
FUNERAL DIRECTOR Home Into St., Washington,

MARGIN RESERVED FOR BINDING WITH OR 10 PLEASE A15 VS.

item of

Supply every

UNFADING INK.



and

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18	06795
	CURT	TITLE A TITLE	OT	A TOTANI	ш		

CERTIFICATE OF DEATH Reg. Dist. No. USUAL RESIDENCE (HOME) OF DECEASED: I. PLACE OF DEATING STATEMAN ully. The Kannery I Hond a proper COUNTY MARYLAND outside corporate limits, write RURAL LENGTH OF STAY CITY Nif outside corporate limits, write RURAL and give negrest town) OR OR TOWN TOWN rural give location) HOSPITAL OR STREET INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF 4. DATE Month) Day (Year) (Last) (Middle) DECEASED DEATH (Type or Print) 9. AGE last birthday : IF UNDER I YEAR | IF UNDER 24 HRS. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 5. SEX: 6. COLQR AR 8. DATE OF BIRTII: Months Hours (Specify): Walsh 11. BIRTHPLACE 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS (State or foreign country): OR COUNTRY work done during most of working life, even if retired ELLIN MOTHER'S MAIDEN NAME 14. 13. FATHER'S NAME MARRIS (15 WAS DECEASED EVERTY U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS ervice) 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO Onset And Death 60 Immediate cause (a) DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) giving rise to the above cause Physician DUE TO stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. important. 20. AUTOPSY ? 19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION Yes No M (STATE) (COUNTY) 21. ACCIDENT (CITY OR TOWN) (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY HOMICIDE HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While At Work peciall INJURY Work [ 22. I hereby certify that I attended the deceased from duy 1955, that I last saw the deceased from the causes and on the date stated above. and that death occurred at . .. alive on DATE SIGNED SMONATURE (Degree or title) BURIAL, CREMATION, DATE THEREOF AME OF CEMETERY (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE UNERAL DIRECTOR REGISTRAR

1

The first of the second state of the second st As and out to the land ETH FAMILIE The first of the second of the

A15-10-53

VS.

×	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:					
and legibly	COUNTY Montgomery MARYLAND	stateVirginia county Fairfax					
leg	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and gi	ive nearest town)				
Pu	OR and give nearest town) (in this place)	TOWN Fairfax	3 v 3				
co .	X TOWN Bethesda Rural   4 days	STREET (If rural give location)					
T	INSTITUTION OR	ADDRESS	. /				
lea	5/street ADDRESS U. S. Naval Hospital	Rt. # 2, Box 56					
death clearly	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day)	(Year)				
at	(Type or Print) Mary Jewel CLL	ITE DEATH: July 24	19 55				
	BACE: WIDOWED DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR Months   Days	Hours   Min.				
of	Female White (Specify) Married 10-3-1		Min.				
causes	OA USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12. CITI	ZEN OF WHAT				
an	work done during most of working life, even if retired): Housewife	California U.S.	WIKII				
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:					
the		IImless on se					
ite	Daniel HAYES	Unknown					
W	(Yes, no, or unk.) (If Yes, give war or dates						
9	No de of service) Unknown	(Husband) George S. CLUTE, Same as	s above				
please write	18. MEDICAL CERTIFICAT		ERVAL BETWEEN				
p	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
70	1 MMEDIATE CAUSE (A) ITERATIC	Tailure	( week				
Physicians:	DUE TO	`	,)				
ici	ANTECEDENT CAUSE (8)	osis of the hiver u	n Known				
hys	GIVING RISE TO THE ABOVE CAUSE  DUE TO	A TAX	10-(10-00-10				
	STATING UNDERLYING CAUSE LAST.	V					
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
ta	TO THE DEATH BUT NOT RELATED TO THE						
pol	DISEASE OR CONDITION CAUSING DEATH						
im	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO		O. AUTOPSY?				
	- Jan 1		W L				
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)				
Sp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
	OF INJURY  M. at work at work						
is	22. I hereby certify that I attended the deceased from 20 Ju	ly 1955 to 24 July 1955 that I last say	v the deceased				
age		6:50 AM, from the causes and on the date stat	ad abana				
	alive on 24 July 1955 and that death occurred at	ADDRESS DATE S	ed above. IGNED				
rec	THE STATE OF LATER WILLS						
orrect	G. I. PITTMAN IT MC USNR U.S. Naval Hospita 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	D. NNMC, Bethesda, Maryland ERY OR CREMATORY   LOCATION (City, town, or cou	nty) (State)				
	REMOVAL (SPECIFY)	0 7 0 7 0 7 0					
	Burial transit 7-27-55 Golden Gate	24 FUNERAL DIRECTOR	DDRESS				
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	R. A. Pumphrey Funeral Home					
	7-25-55 Mary G. Larrelly	7557 Wisconsin Avenue, Bethesda,	Maryland				

# BUREAU V. S.

280 I SS 1055



	The
†)	m of information carefully.
BINDING	Supply every ite
MARGIN RESERVED FOR BINDING	UNFADING INK.
ARGIN	WITH
M (	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of i
VS. A19 — 10 - 55	PLEASE TYPE OF

	6821 Trem 4, FI CERTIFICATE	E OF DEATH Reg. Dist	. No.
gibly.	1. PLACE OF DEATH:  MONTGOMERY  COUNTY  MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASE	ONTG. X
y and legibly	CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place)  HOSPITAL OR	CITY(If outside corporate limits, write RURAL of OR TOWN FOREST OLEN, S/	LVER SPRING
clearly	90 STREET ADDRESS Deau Jarden Nuclife	ADDRESS	/
death c	DECEASED: (Type or Print) IDA E. Co	OF DEATH: July	Day) (Year) 13, 19 55
of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): MARRIED	7-1066 80 yrs.	Days Hours   Min.
causes	Work done during most of working life, even if retired):     OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.  WASHINGTON D.C.	COUNTRY?
e the	13. FATHER'S NAME:  ROBERT NEISON	14. MOTHER'S MAIDEN NAME:	
e write	(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. See Page 310- PA	
please	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
pld	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	334X	HEART FAILURE	
ms	IMMEDIATE CAUSE (A) TERMINAL	HEART THILDRE	
Cia	ANTECEDENT CAUSE (8)		
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	PNEUMONIA	
	STATING UNDERLYING CAUSE LAST.	ARTERIOSCLEROSIS.	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	//KICKIOGCLERUSIE,	
rta	TO THE DEATH BUT NOT RELATED TO THE		
odi	DISEASE OR CONDITION CAUSING DEATH	N. C.	
	194. DATE OF OPERATION.		YES NO W
pecially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Coun injury occur?	(State)
is esp	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while   at work   at work	21F. HOW DID INJURY OCCUR?	
96		10, 1955, to July 13, 1953, that I last	saw the deceased
ಥ	alive on July 11 , 1955, and that death occurred at	ADDRESS	re signed
correct		D. NENSINGTON, MD.	-13-55 (State)
0	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE PROVAL (SPECIFY) 7-16-55	ill Centle Suitland	md
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR	ADDRESS . C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

and s

BUREAU V. S.

S61 81 III

DEALEGE

M

# PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The 2/75345333 VS. A15-10-53

M	IARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18	06798

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME	OF DECEASED	D:
county Montgomery MARYLAND	STATE Virginia co	UNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits		nd give nearest to
OR and give nearest town) (in this place)  Y TOWN Rothesda Riral 4 days	OR TOWN Fairfax Rui	27 0	35 × 3
X TOWN Bethesda Rural   4 days		ral give location)	JA-V
5/street Address U. S. Naval Hospital	ADDRESS Route III,		V
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE OF		Day) (Year)
(Type or Print) Donald Brian CULLIER	DEAT	H. July 3	19
Male   6. COLOR OR   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single   7-27			ays Hours M
DA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	II. BIRTHPLACE (State or foreign	country);  12.	CITIZEN OF WH
work done during most of working life, even if retired): None	Bethesda Maryland	U.	SOUNTRY?
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME		
William Warren COLLIER	Mary Marjorie DRAKE		
. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:		
Yes, no, or unk.) (If Yes, give war or dates of service) None	Father William Warr	en COLLIER	
No   of service)   None	Same as above		INTERVAL BETWI
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DE
7/15 CEREB	RAL HEMORR	HAGE	1 4 days
IMMEDIATE CAUSE (A)	MAC 11-101/11	11702	- Carry
	ATURITY		
DISEASES OR CONDITIONS, IF ANY, (B)			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	A COULTY		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	A 1 5 HI 1 7		
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.  (C) (C) (T) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	X 1 5 11 1 7		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			20. AUTOPSY
IVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			20. AUTOPSY
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  (I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING OF OPERATION  21b. PLACE (Home, farm, factor Contributing Cause of Death 15 EITHER, NOTIFY MEDICAL EXAMINER)	N Lory, 21c. WHERE DID (City or t etc. INJURY OCCUR?	own) (Count	YES NO
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  (C)  (C)  (O)  (O)  (O)  (O)  (O)	Cory. 21c. WHERE DID (City or tet. INJURY OCCUR?	IR?	YES NO (State)
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	Cory. 21c. WHERE DID (City or tet. INJURY OCCUR?	IR?	YES NO (State)
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  (C)  (C)  (I) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  (I)	21c. WHERE DID (City or to injury occur) 21f. How did injury occur) 21f. How did injury occur.	55 that I last	YES NO (State)  Saw the decease
GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  IPA. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  PROONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bldg.  (C)  21B. PLACE (Home, farm, factor of Injury street, office bldg. (Hour) 21E INJURY OCCURRET While at work at work  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRET While at work at work  22. I hereby certify that I attended the deceased from 27. July 19 55, and that death occurred at SIGNATURE 19 55, and that death occ	ory. 21c. WHERE DID (City or tet. INJURY OCCUR?  21F. HOW DID INJURY OCCUL  12 19 55 to 31 July, 19  9:55P M, from the causes and ADDRESS  12 19 19 19 19 19 19 19 19 19 19 19 19 19	55 that I last d on the date s  DAT  Maryland N (City, town, or	yes No (State)  saw the deceasestated above. re signed
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  1A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., 15 EITHER, NOTIFY MEDICAL EXAMINER)  1D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work at work at work at work SIGNATURE SIGNATURE AND	ory 21c. WHERE DID (City or tet. INJURY OCCUR?  21F. HOW DID INJURY OCCULTY, 19 55 to 31 July, 19 9:55P M, from the causes an ADDRESS	55 that I last d on the date s  DAT  Maryland N (City, town, or	yes No (State)  saw the deceasestated above. re signed

SECEIVED

BUREAU V. S.

DATE REC'D BY LOCAL REG.

	6828	06'	799 .
sct	MARYLAND STATE DEPARTMENT OF I		Reg. Dist.
orre	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No.216
Je c	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
È.	COUNTY I MIGMETY MARYLAND	STATE COUNTY	
carefully. The correct and legibly.	OR and give hearest town) TOWN  CITY (If outside corporate limits, write RURAL OR and give hearest town)  Chase	CITY (If outside corporate limits write RURAL at OR TOWN	47x-3
	HOSPITAL OR INSTITUTION OR Chery Chase Comity Club	STREET (If rural, give location)	<b>V</b>
information eath clearly	3. NAME OF DECEASED: (First) (Middle) Cru	(Last) 4. DATE (Month) (De OF DEATH SELLY)	(Year) (Year) 4 1955
f infor	5. SEX:  6. COLOR OR 7. SINGLE. MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): 5/1/61 C		YEAR IF UNDER 24 HRS. Days Hours Min.
. 0 44	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): CADDY	R 11. BIRTHPLACE (State or foreign country): I	2. CITIZEN OF WILAT COUNTRY? U.S. A.
every item	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BIL	15. WAS DECEASED EVER IN U.S. ARMED FORCES WILL SECURITY NO. 1	FANNIE PARKER.	
Supply everite the	15. WAS DECEASED EVER IN U.S. ARMED FORCES (1) 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (1f Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
	Is. MEDICAL DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN
RESERVED NG INK. Su s: please wi	420.1 Comments	1	ONSET AND DEATH
SE	Immediate cause (a) Comony over	was !	death
RE NG	Antecedent cause(s)		
MARGIN RE UNFADING Physicians:	Diseases or conditions, if any, (b)		
RG.	stating underlying cause last (c)		
	IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
AINLY, WITH ally important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \( \text{No } \( \text{Z} \)
I )	21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF Street, office bldg., etc. CAUSE OF DEATH.	,	(State)
E PLAIN especially	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work □ at work □	21f. HOW DID INJURY OCCUR?	
PL speci	22. I hereby certify that I took charge of the remains descri		
ITE is es	find that death resulted from: Natural causes , Accid	dent [], Suicide [], Homicide [], Undetection CHIEF MEDICAL EXAMINER []	DATE SIGNED
WRITE ge is es	atrank Broschart	M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	7-14-55
SE	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify):	RY OR CREMATORY LOCATION (City, town, or	county) (State)



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# CEDUITEICAME OF DEAMIT

		CERTIFICATE OF DEATH Reg. Dis	st. No.
•	carefully legibly.	1. PLACE OF DEATH:  COUNTY  MARYLAND  CITY (If outside corporate limits, write RURAL (in this place)  OR and give nearest town)  2. USUAL RESIDENCE (HOME) OF DECEASE  STATE  CITY(If outside corporate limits, write RURAL (in this place)  OR  OR	ntgomen
( MS	stion y and	HOSPITAL OR STREET (If rural give logation	× × ×
Com	information clearly and	INSTITUTION OR SUBJECTION OF STREET ADDRESS 10204-0101	Ild Da.
	of ath	3. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) OF DECEATH: DEATH: DEATH:	(Day) (Year) 10 1955
T	it d	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH:  WIDOWED, DIVORCED Man 3, 18 9, AGE last birthday in under the second of the second	Days Hours   Min.
ŊĊ	y every causes	10A. USUAL OCCUPATION (Give kind of work done during roost of working life, even if retired)   10B. KIND OF BUSINESS   11. BIRTHPLACE (State or foreign country):   12	COUNTRY WHAT
BINDIN	Supply ite the c	13. RATHER'S NAME: 14. MOTHER'S MAIDEN NAME: War	4
OR B	INK. Se writ	(Yes, no, or unk.) (If Yes, give war or dates of service)  18. WAS DECEASED EVER IN U.S. ARMEO FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: 10. Davies of service)	04 Oldfulc
F	G I	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
뮵	DING:	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
RESERVEI	√ 50	163X IMMEDIATE CAUSE (A) Jerminal Brancho Janeumania	3 days
RES	UNF	DISEASES OR CONDITIONS, IF ANY, (B) Carcinomo 1 The Right lung	10 mos.
ARGIN	TTH.	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	
MAF	MINLY, Wimportant.	TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING AUGUSTANA TO THE DEATH BUT NOT RELATED TO THE	4
	NI	DISEASE OR CONDITION CAUSING DEATH.  19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	. 1		YES NO
•	WRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	inty) (State)
	10	OF INJURY  OF INJURY  OF INJURY  OF INJURY  OF INJURY  OF INJURY  OCCURRED  While Not while at work at work at work	
	ge is		st saw the deceased
10 - 53	SE TYPE	8218 Which are Both do	e stated above. ATE SIGNED 10 July 1955
15 —	EASE	23. BURIAL, CREMATION, DATE TALABOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, JEMOVAL SPECIFY)	
<	3	The state of the s	ADDRESS MA



SG61 --

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6825

The

Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

207527230

WRITE-PLAINLY, WITH UNFADING INK.

PLEASE TYPE OR

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:			2. USUAL R	ESIDENCE (	HOME) OF	DECEA	SED:		
COUNTY Montgo	omerv	MARYLAND	STATE T	District	of Columb	Wmbia			
CITY (If outside corpora on and give nearest to TOWN Bethesda	ate limits, write RURAL	LENGTH OF STAY (in this place)	CITY(If ou	washing	e limits, wri	ite RURA	L and gi	ve neares	t town)
HOSPITAL OR	nurai	3 days	STREET		(If rural g		ion)	,, ,	1
5/ STREET ADDRESS U	. S. Naval Hosp	oital	ADDITESS	1046 Wal					1
DECEASED: John (Type or Print)	n 11Dt	17.1	(Last) BENEDETTO		DATE (MO OF DEATH:	July	(Day)	(Ye	55
5. sex: 6. color cace: Cauc.	OR 7. SINGLE, MARF WIDOWED, DIV (Specify): Six	VORCED.	of BIRTH:	9. AGE	last birthday yrs.	Months		Hours	Min.
NOA. USUAL OCCUPATION work done during most of even if retired): NONe	working life, OR	D OF BUSINESS		la, Mary	land	intry):   1	U.S.	ZEN OF NTRY?	WHAT
13. FATHER'S NAME:			14. MOTHER	'S MAIDEN	NAME:				
Pietro DI BEREI	DETTO			te BOURQ					
15. WAS DECKAGED EVER IN U.S (Yes, no, or unk.) (If Yes, gi of service)		CIAL SECURITY NO.	Father Pi	Letro DI		TTO			
IMMEDIATE CAU	DUE T								
ANTECEDENT CAUSI DISEASES OR CONDITION GIVING RISE TO THE ABO STATING UNDERLYING C	E (S)  NS, IF ANY, (B)  DVE CAUSE DUE TO  AUSE LAST. (C)		matu	inty	7				/
DISEASES OR CONDITION GIVING RISE TO THE ABO STATING UNDERLYING C  II OTHER SIGNIFICANT OF THE DEATH BUT NO	E (S)  NS. IF ANY.  DVE CAUSE CAUSE LAST.  (C)  CONDITIONS CONTRIE  OT RELATED TO THE	UTING	matu	inty	7				/
DISEASES OR CONDITION GIVING RISE TO THE ABO STATING UNDERLYING C  II OTHER SIGNIFICANT TO THE DEATH BUT NO DISEASE OR CONDITION	E (S)  NS, IF ANY, DVE CAUSE CAUSE LAST.  (C) CONDITIONS CONTRIE OT RELATED TO THE ON CAUSING DEATH.	UTING		inty	7			0	onev.
DISEASES OR CONDITION GIVING RISE TO THE ABO STATING UNDERLYING C  II OTHER SIGNIFICANT OF THE DEATH BUT NO	E (S)  NS, IF ANY, DVE CAUSE CAUSE LAST.  (C) CONDITIONS CONTRIE OT RELATED TO THE ON CAUSING DEATH.	UTING		inty	7			о. <u>А</u> итс	OPSY?
DISEASES OR CONDITION GIVING RISE TO THE ABO STATING UNDERLYING C  II OTHER SIGNIFICANT TO THE DEATH BUT NO DISEASE OR CONDITION	E (S)  NS, IF ANY, OVE CAUSE CAUSE LAST.  (C) CONDITIONS CONTRIE ON CAUSING DEATH.  19B. MAJOR FINDI  ERLYING 21B. PLA EF OF DEATH OF INJU	OUTING  NGS OF OPERATIO	otory 21c WHI	ERE DID (C			20	s	DPSY? NO
DISEASES OR CONDITION GIVING RISE TO THE ABO STATING UNDERLYING C  II OTHER SIGNIFICANT TO THE DEATH BUT NO DISEASE OR CONDITION:  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL 21D. TIME (Month) (Day) OF INJURY	E (S)  NS, IF ANY, OVE CAUSE CAUSE LAST.  (C) CONDITIONS CONTRIE ON CAUSING DEATH.  198. MAJOR FIND  ERLYING OF INJU EXAMINER  (Year) (Hour)  M. 21E Whill M. at w.	ACE (Home, farm, fa RY street, office bldg	etory, 21c. WHI ,, etc. INJURY (	ERE DID (C DCCUR? DID INJURY	ity or town)	(C	20 YE	(St	no [
DISEASES OR CONDITION GIVING RISE TO THE ABO STATING UNDERLYING C  II OTHER SIGNIFICANT OF THE DEATH BUT NO DISEASE OR CONDITION:  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL 21D. TIME (Month) (Day)	E (S)  NS, IF ANY, OVE CAUSE CAUSE LAST.  (C) CONDITIONS CONTRIE ON CAUSING DEATH.  198. MAJOR FIND  ERLYING OF INJU EXAMINER  (Year) (Hour)  M. 21E Whill M. at w.	ACE (Home, farm, fa RY street, office bldg	etory, 21c. WHI ,, etc. INJURY (	ERE DID (C DCCUR? DID INJURY	ity or town)	(C	20 YE	(St	no [
DISEASES OR CONDITION GIVING RISE TO THE ABO STATING UNDERLYING C  II OTHER SIGNIFICANT TO THE DEATH BUT NO DISEASE OR CONDITIO  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL  21D. TIME (Month) (Day) OF INJURY	S. IF ANY.  OVE CAUSE CAUSE LAST.  (C)  CONDITIONS CONTRIE ON CAUSING DEATH.  19B. MAJOR FINDI  ERLYING CONTRIE OF INJU EXAMINER)  (Year) (Hour)  (Year) (Hour)  At we taken the december of the december of the contribution of t	ACE (Home, farm, fary street, office bldg	etory, 21c. WHI ,, etc. INJURY of 21f. How July, 1955t t6:23P. M, fr	ere DID (Coccur? DID INJURY on 30 July om the caus	ity or town) OCCUR?  y., 1955., ses and or	(C)	last saw	(Stored aboved above aboved above aboved abo	no [
DISEASES OR CONDITION GIVING RISE TO THE ABOUT TO THE SIGNIFICANT OF THE DEATH BUT NO DISEASE OR CONDITION:  21A. ACCIDENT WAS UNDEOR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL TIME (Month) (Day) OF INJURY  22. I hereby certify that alive on30. July SIGNATURE APPEARSON LTG.	S. IF ANY.  OVE CAUSE CAUSE LAST.  (C)  CONDITIONS CONTRIED ON CAUSING DEATH.  19B. MAJOR FINDI  ERLYING DEATH.  (Year) (Hour) 21E While M. at wo t I attended the dece	ACE (Home, farm, fa RY street, office bldg INJURY OCCURRE ork  Not while ork  at work	etory, 21c. WHI ,, etc. INJURY of 21f. How July, 1955t t6:23P. M, fr	ere DID (Coccur? DID INJURY On the caused th	occuri y., 1955., ses and or	that I le the day	last saw	(Store of the store of the stor	no [
DISEASES OR CONDITION GIVING RISE TO THE ABO STATING UNDERLYING C  II OTHER SIGNIFICANT TO THE DEATH BUT NO DISEASE OR CONDITIO  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL 21D. TIME (Month) (Day) OF INJURY  22. I hereby certify tha alive on 30 July SIGNATURE H. A. PEARSON LT.  23. BURIAL, CREMATION REMOVAL (SPECIFY) BUTIAL Transit	S. IF ANY.  OVE CAUSE CAUSE LAST.  (C) CONDITIONS CONTRIE ON CAUSING DEATH.  198. MAJOR FIND  ERLYING OF INJU  EXAMINER)  (Year) (Hour) 218. PLA  EXAMINER)  (Year) (Hour) 218. While at w.  t I attended the dec  1955., and that  JG MC USN U.S.  DATE THEREOF	ACE (Home, farm, fa RY street, office bldg INJURY OCCURRE Not while ork at work cased from 27 death occurred a	ctory. 21c. WHI , etc. INJURY of 21f. HOW  21f. HOW  [Uly, 1955t t6:23P. M, fr. AD	ere DID (Coccur? DID INJURY On the caused th	ity or town) OCCUR?  y., 1955., ses and or	that I le the day	last saw ate state DATE SI	(See very the document)	no []
DISEASES OR CONDITION GIVING RISE TO THE ABO STATING UNDERLYING C  II OTHER SIGNIFICANT TO THE DEATH BUT NO DISEASE OR CONDITION:  21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL 21D. TIME (Month) (Day) OF INJURY  22. I hereby certify tha alive on 30 July SIGNATURE H. A. PEARSON LT. 23. BURIAL, CREMATION REMOVAL (SPECIFY)	S. IF ANY.  OVE CAUSE CAUSE LAST.  (C) CONDITIONS CONTRIE ON CAUSING DEATH.  198. MAJOR FIND  ERLYING OF INJU  EXAMINER)  (Year) (Hour) 218. PLA  EXAMINER)  (Year) (Hour) 218. While at w.  t I attended the dec  1955., and that  JG MC USN U.S.  DATE THEREOF	ACE (Home, farm, fa RY street, office bldg INJURY OCCURRE Not while ork at work cased from 27 death occurred a	ctory. 21c. WHI c, etc. INJURY of 21f. How 21f. How 21f. How 21f. How 21f. How 22f. Function of the creates and cr	ere DID (Coccur? DID INJURY On the caused th	y., 1955., sees and or cation (coston, or Funera	that I lead the day	last saw ate state DATE SI	(Store the december of the control o	no []



2361 S 201A

BECEINED

VNG 5 1955

BECEINED

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No 216
		CHILLICALL	OI.		No.

TIZZED E CIEZE ZEIZELET			2101
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Monty	MARYLAND	STATE Med COUNTY MON	La .
CITY (If outside corporate fimits, write RURA OR and give nearest town)	L LENGTH OF STAY	CITY (If outside corporate limits write RURAL as OR TOWN	nd kive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Auto-ben	Atosp	STREET (If rural, give location) ADDRESS 5526 Densey Law	2_
3. NAME OF DECEASED: (Type or Print) Emily	(Middle)	Orsey 4. DATE Month) (Date of DEATH 7 -/	(Year) (Year)
(Sperity):	ED. DIVORCED, apr.	1 1, N8 671:) 8 6 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	NIND OF BUSINESS OF INDUSTRY:	R II. BIRTHPLACE (State or foreign country): I	2. CITIZEN OF WIIA'
13. FATHER'S NAME:	+	14. MOTHER'S MAIDEN NAME:	
REUDEN ME	51	UNKNOWN	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of service)	6. SOCIAL SECURITY NO.:	Tames Horsey	are (Son
		AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEAD	DING TO DEATH:		ONSET AND DEATH
Immediate cause (a)	conary oc		sudden
Antogodont cauga(a)	1. 01.0	artiris selesano	>
Diseases or conditions, if any, (b)	emalized	unun Aclination	
stating underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH	TO THE		
19a. DATE OF OPERATION: 19b. MAJOR FIN			20. AUTOPSY? Yes No No
PRIMARY   or CONTRIBUTING   OF	ACE (Home, farm, factory street, office bldg., etc. URY		(State)
OF	While at work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge	of the remains descri	bed above, held an Autopsy 🖂, Inspection 💆	, Inquiry 🖼, an
	aral causes 🔀 , Accie	dent □, Suicide □, Homicide □, Undet CHIEF MEDICAL EXAMINER □	ermined cause   DATE SIGNED
SIGNATURE Frank J Panse	hart	M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	7-18-55
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify): 7-21-53	- Livertu	Jaik, Kreknille	State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNED TO SESSION TO SE	n Thompson	24 FEDNERAL DRECTOR Survey R	ockrible
			WX

WITH UNFADING INK. Supply every item of information-carefully. The correct MARGIN RESERVED FOR BINDING

R

VS. A15A - 5 - 53

DECEDAED

BUREAU V. S.

18

# 6827 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06804

i de		CERTIFICATE OF DEATH Reg. Dist.	No. 216
	y. y	1. PLACE OF DEATH:   2. USUAL RESIDENCE (HOME) OF DECEASED	):
	legibly	M I I M	at agazani
~	leg	COUNTY 1 10 17 0 10 MARYLAND STATE 1 1 AY 1 A COUNTY 1 0 CITY (If outside corporate limits, write RURAL a CITY (If outside corporate limits, write RURAL a	nd give nearest town
0.18	and	OR and give nearest town) (in this place) OR	
9	y a	HOSPITAL OR STREET (If rural give location)	7
8.0	arl	MINSTITUTION OR SILVER DON JOSEPH ADDRESS 3900 SOLD	Rd.
C)	cle	3. NAME OF (First) (Middle) , (Last) 4. DATE (Month) (I	Day) (Year)
9	ath	DECEASED: (Type or Print) Baby (Tirl Ehrich DEATH: July Z	4 1955
	de	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE OF BIRTH:   9. AGE last birthday   FUNDER   1	
		F WIDOWED, DIVORCED, July 23 1955 yrs. Months D	ays Hours Min.
	causes	IOA. USUAL OCCUPATION (Give kind of working life, oR INDUSTRY:	CITIZEN OF WHA
SZ	car	even if ranged bru	U.S.
Id	the	13. FATHER'S NAME:	and the same
BINDING		houis Walter Ehrich Olive May White	nglon
	n. Su write	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	0001
FOR		Tho of service)   Lather - 3900 )	aul Rd.
		18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
VE	s: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSE! AND DEAT!
ER	A.I.	IMMEDIATE CAUSE (A) WILLIAM	14 hrs.
RESERVED	Physicians	ANTECEDENT CAUSE (S)	1.10
	ysi	DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE  DIE TO	14 hrs.
ARGIN	-4	STATING UNDERLYING CAUSE LAST.	the Marie
AR	nt.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
-	important.	TO THE DEATH BUT NOT RELATED TO THE	
4	nport	DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	. AUTODOVA
	7		YES NO P
	1	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (Count of the count of the	(State)
	5	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  OF INJURY   While   Not while	
6	or e is		12 1
()	50	22. I hereby certify that I attended the deceased from	
9	7	alive op	stated above 7/29
. 64		Michael Isuchlas M.D. 4630 Man Looming Ave	· Bether de
	14	23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or	
om.	€	Burial 7-27-55 Arlington Nat'l Cem. Arlington	Virginia
37	PLE	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	hesda Md
8		11-01-11 Olive M. Hom frenc 1000014. Jumpary.	

AUG I 1955

BECEINEL

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6828

TIMARICA KIO KIMA DIKINGKIO

CERTIFICATI	E OF DEATH Reg. Dist	. No. 2/6
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY MONT GOMERY MARYLAND MA	STATE MD COUNTY MONT	TEOMERY
CITY (If outside corporate limits, write RURAL OR and give nearest town)  LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and COR TOWN BETHE SDA	and give nearest town
HOSPITAL OR RESMORE SANITARIUM POSTREET ADDRESS BETHESDA, M.D.	STREET (If rural give location) ADDRESS 5623 HUNTINGTON PARKWAY	
	(Last)  A. DATE (Month) ( OF DEATH: JULY 2	Day) (Year) 25 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify): W	OF BIRTH: 9. AGE last birthday IF UNDER 1	
work done during most of working life.  even if retired CIAN  BETIRED	11. BIRTHPLACE (State or foreign country): 12.  MARYLAND	CITIZEN OF WHAT
13. FATHER'S NAME:  JOHN WESLEY ELLIOTT	MARIA WOODEND	
18. WAS DECEASED EVER IN U.S. ARMEO FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: LEONARD I. BARRETT BJ	deals, me.
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  33/X IMMEDIATE CAUSE  (A)	ia	ONSET AND DEATH
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH H May 1955	Vascular accident on	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N light optremities	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc.   21c. WHERE DID (City or town) (Coun INJURY OCCUR7	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 23. July alive on 5 July 1955, and that death occurred at SIGNATURE	6.35 A M, from the causes and on the date	
23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETE REMOVAL SPECIFY)  REMOVAL SPECIFY  Burial 7-25-55	ERY OR CREMATORY   LOCATION (City, town, or Washingto	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 7 28/55 BALLE M GLOBAL HARM	W. W. Chambers Co 1400	hakin at N

WRITE PLAINLY, WITH UNFADING INK. PLEASE TYPE OR VS. A15

information carefully. The

Supply every item

MARGIN RESERVED FOR BINDING

2361 I DUA

BECEINED

-5-53

VS. A15A

PLEASE

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

116	3008	1
Reg.	Dist.	

MEDICAL.	EYAMINER'S	CERTIFICATE	OF	DEATH

	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	COUNTY MANTAOMERU MARYLAND	STATE MA COUNTY MONT	gamaxu
	CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits write RURAL and	give nearest town
	OR and give nearest town) (in this place)	OR O I	C. 1
		00.034110	
	HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	1
	STREET ADDRESS OUDUY DAY	l nural	
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
	(Type or Print) (hay es homas Ey	nsi DEATH 7 - 17	185-3-
		OF BIRTII: 9. AGE last birthday: IF UNDER 1 YE	
	Male RACE: WIDOWED, DIVORCED, 6-1	7-53 2 yrs. Months Day	ys   Hours   Min.
	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life.		CITIZEN OF WHAT
	work done during most of work life, even if retired):	Mont. Co. Mary and 1	1,5
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	Gorge Milton Frast	Frm 7 Haron haugh	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates of service)	San	alle ! !
	service)	MOUNTAIN SMITH - DOX 28, DE	MIDAITIE
		AL CERTIFICATION	INTERVAL BETWEEN
	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
	Immediate cause (a) Shock		//
4	DUE TO		9-1
	Antecedent cause(s)	leaves brown mortung	day
	Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	J P. J.	P
	stating underlying cause last	Ty rece in	
•	11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE		
	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
	TVG. DIAMETER OF CHARACTER OF THE CONTROL OF THE CO		Yes No No
4	21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory,	(County)	(State)
	PRIMARY or CONTRIBUTING OF street office bldg., etc. INJURY	· Voolesville Monto	mel
9	21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	,
	OF INJURY 7-8.55-1.30 PM. While at work work	Claying with matches at	home
	22. I hereby certify that I took charge of the remains describ	bed above, held an Autopsy [], Inspection [],	Inquiry , and
	find that death resulted from: Natural causes [], Accid		mined cause [].
1	SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
	Though I most hant	M. D. ASSISTANT MEDICAL EXAM.	7-17.50
3	23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or con	inty) (State)
	REMOVAL (Specify): 7-20-55 Rose & Ca	& faithersteery	Wed-
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR	ADDRESS
	REG 20 55 Bessie M. Thompson	Kreen & Farhun forl	Kers Grery
	0 1		3-1
	1/		IMA.

SECENTED ...

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

VS.

Male    Male   White   White   Warried   9-10-79   To yrs.   Months   Days   For the country   Married   9-10-79   To yrs.   Months   Days   For the country   Married   9-10-79   To yrs.   Months   Days   For the country   To yrs.   To yrs.	(Year) 1935 F UNDER 24 HRS Hours Min.
CITY (If outside corporate limits, write RURAL OR and give nearest town) and give nearest town) (in this place) TOWN Bethesda Rural 18 hours  HOSPITAL OR INSTITUTION OR JOHN BETHER ADDRESS U. S. Naval Hospital 1331 Ives Place S.E.  3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) OF DECEASED: (Type or Print) Martin (N) EURKOOS DEATH: July 25  5. SEX: 6. COLOR OR RACE: (WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, OR INDUSTRY: U. S. Navy 13. FATHER'S NAME: U. S. Navy 14. BIRTHPLACE (State or foreign country): 12. CITIZE COUNTRY (Yes, no, or unk.) (If Yes, give war or dates Yes) of serviceUnknown 18. MEDICAL CERTIFICATION  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  CITY(If outside corporate limits, write RURAL and give OR NOW Washington, D.C.  CITY(If outside corporate limits, write RURAL and give OR NOW Washington, D.C.  CITY(If outside corporate limits, write RURAL and give OR NOW Washington, D.C.  CITY(If outside corporate limits, write RURAL and give OR NOW Washington, D.C.  (If rural give iocation)  STREET (If rural give iocation)  (If rural give iocation)  (If Yes, Tuly 25  STREET (Month) (Day)  OF DEATH: July 25  DEATH: July 25  SAGE last birthday If UNDER IVER IN U. S. ARE OF RECEST (IS NOW WIND IN THE ADDRESS OR INDUSTRY: U. S. Navy  11. BIRTHPLACE (State or foreign country): 12. CITIZE COUNTRY IN THE ADDRESS OR INDUSTRY: U. S. Navy  12. INTEGRATED AND INTEGRAL SECURITY NO. U. S. Navy  13. INTEGRAL SECURITY NO. U. S. Navy  14. MOTHER'S MAIDEN NAME: Veronica DOUNIS  15. WAS DECEASED EVER IN U.S. ARMED FORCEST (IS NOW WAS ADDRESS; Wife Louise C. EURKOOS Same as above	(Year) 19 <sup>35</sup> F UNDER 24 HRS Hours Min.
CITY (If outside corporate limits, write RURAL OR and give nearest town)  And give nearest town)  Bethesda  Rural  HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital  STREET ADDRESS U. S. Naval Hospital  CITY(If outside corporate limits, write RURAL and give or now Neathington, D.C.  STREET (If rural give location)  ADDRESS IVES Place S.E.  STREET (If rural give location)  STREET (If rural give location)  ADDRESS IVES Place S.E.  A. DATE (Month) (Day)  OF DECEASED:  (Type or Print) Martin  (N) EURKOOS  STREET (If rural give location)  ADDRESS IVES Place S.E.  STREET (If rural give location)  ADDRESS IVES Place S.E.  STREET (If rural give location)  ADDRESS IVES Place S.E.  STREET (Month) (Day)  OF DECEASED:  (Type or Print) Martin  (N) EURKOOS  STREET (If rural give location)  ADDRESS IVES Place S.E.  STREET (If rural give location)  ADDRESS IVES Place S.E.  STREET (If rural give location)  ADDRESS IVES Place S.E.  STREET (If rural give location)  (Day)  OF DECEASED IVES (Month) (Day)  OF DECEAS	(Year) 1935 F UNDER 24 HRS Hours Min.
OR and give nearest town)  X TOWN Bethesda Rural  18 hours  OR TOWNWashington, D.C.  47 YOWN Bethesda Rural  HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital  3. NAME OF DECEASED: (Type or Print)  Martin  (N)  EURKOOS  5. SEX:  OR COLOR OR RACE: (Middle) (N)  EURKOOS  DEATH: July  OF DEA	(Year) 1935 F UNDER 24 HRS Hours Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital  3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) OF DECEASED: (Type or Print) Martin (N) EURKOOS DEATH: July 25  5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, RACE: WIDOWED, DIVORCED, WIDOWED, D	1935 FUNDER 24 HRS Hours Min.
STREET ADDRESS U. S. Naval Hospital  3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED: (Type or Print) Martin (N) EURKOOS DEATH: July 25  5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 9-10-79  10A. USUAL OCCUPATION (Give kind of working life. even if retired) Musician 10B. KIND OF BUSINESS OR INDUSTRY: U. S. Navy Lithuania  13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Veronica DOUNIS  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates yes) of serviceUnknown 15B. MEDICAL CERTIFICATION  10 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 15D. SOCIAL SECURITY NO. Unknown 15B. MEDICAL CERTIFICATION 15B. ME	1935 FUNDER 24 HRS Hours Min.
DECEASED: (Type or Print) Martin (N) EURKOOS  5. SEX:   6. COLOR OR   7. SINGLE, MARRIED, WIDOWED, DIVORCED, RACE: WIDOWED, DIVORCED, Specify) Married   9-10-79   75 yrs.   15. Sex   15.	1935 FUNDER 24 HRS Hours Min.
Type or Print) Martin (N) EURROUS DEATH: JULY 25  5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, WIDOWED, DIVORCED, (Specify) Married 9-10-79 75 yrs. Months Days F  10A. USUAL OCCUPATION (Give kind of working life, even if retired) Musician 10B. KIND OF BUSINESS OR INDUSTRY: U. S. Navy Lithuania 12. CITIZE COUNTY of the county of service Unknown 15. Social Security No. (Yes, no, or unk.) (If Yes, give war or dates of service Unknown 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. AGREEMENT CAUSE (A) MUSICIAN (A) M	Hours   Min.
5. SEX:    6. COLOR OR RACE: WIDOWED, DIVORCED, DIVORCED, Specify): Married   9. AGE last birthday   15 yrs.   16 yrs.   17 yrs.   17 yrs.   17 yrs.   17 yrs.   18 yrs.   19 yr	Hours Min.
Male White (Specify) Married 9-10-79  10A. USUAL OCCUPATION (Give kind of working life, even if retired) Musician  13. FATHER'S NAME:  Vincent EURKOOS  15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates yes of service Unknown  16. Social Security No. Unknown  17. INFORMANT & ADDRESS: Wife Louise C. EURKOOS Same as above  18. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  10. MEDICAL CERTIFICATION  11. BIRTHPLACE (State or foreign country): 12. CITIZE COUNTY III. BIRTHPLACE (State or foreign country): 12. CITIZE	EN OF WHA
work done during most of working life. even if retired) Musician  13. FATHER'S NAME:  Vincent EURKOOS  15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service Unknown  16. SOCIAL SECURITY NO. Unknown  17. INFORMANT & ADDRESS. Wife Louise C. EURKOOS Same as above  18. MEDICAL CERTIFICATION  10. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  14. MOTHER'S MAIDEN NAME: Wife Louise C. EURKOOS Same as above  18. MEDICAL CERTIFICATION  19. MARCHINA (A) MUCAR (IA) (IVIARCIII)  10. MEDICAL CAUSE  (A) MUCAR (IA) (IVIARCIII)  20. MINIMEDIATE CAUSE	EN OF WHA
even if retired) Musician  13. FATHER'S NAME:  Vincent EURKOOS  15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service Unknown  16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS; Wife Louise C. EURKOOS Same as above  18. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  1 MMEDIATE CAUSE  (A) MUSICIAN  14. MOTHER'S MAIDEN NAME:  Veronica DOUNIS  17. INFORMANT & ADDRESS; Wife Louise C. EURKOOS Same as above	TIRT
13. FATHER'S NAME:  Vincent EURKOOS  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service Unknown  16. SOCIAL SECURITY NO. Wife Louise C. EURKOOS Same as above  18. MEDICAL CERTIFICATION  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
18. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service Unknown  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  10. MEDICAL CERTIFICATION  17. INFORMANT & ADDRESS: Wife Louise C. EURKOOS Same as above  18. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  10. MEDICAL CERTIFICATION  11. INFORMANT & ADDRESS: Wife Louise C. EURKOOS Same as above	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service Unknown Unknown  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  10. MEDICAL CERTIFICATION  11. INFORMANT & ADDRESS. Wife Louise C. EURKOOS Same as above  18. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  10. MEDICAL CERTIFICATION  11. INFORMANT & ADDRESS. Wife Louise C. EURKOOS Same as above	
18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  (A) MUCCAR (IA) (IV DARCIUM)  Z	
18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ONSE  HADO.  IMMEDIATE CAUSE  (A) MUCCAR (IA) (IV DARCTION)  2	,
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  420.  IMMEDIATE CAUSE  (A) MUCCAR (IA) (IV DARCTION 2	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  COVONARY OCCUPYON  (B)  DUE TO	3hr
(c) (OYINARU A) THEY OSE IFY DS 15	URS.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	9/10.
	AUTOPSY?
YES	49.00
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc.   INJURY OCCUR? (County)	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work	
22. I hereby certify that I attended the deceased from 24 July, 1955, to 25 July, 1955, that I last saw	
alive on July 1955,, and that death occurred at 3:30A M, from the causes and on the date stated	the decease
W. B. INGRAM ICIR. MC USA U.S. Naval Hospitab, NNMC, Bethesda Maryland	d above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county	d above.
Burial 7-29-55 Arlington National Arlington, Virginia	d above.



BECEINED

MARGIN RESERVED FOR BINDING

A15-

VS.

6831 CERTIFICATE OF DEATH

Reg. Dist. No.

	10g. Dist. 110.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTGOMEHY MARYLAND	STATE MARYLAND COUNTY MONTANMENU
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town
OR and give nearest town)  TOWN KENSINGTON  (in this place)  6/14/55-7/3/6	TOWN SILVEL SPHIN9 56
HOSPITAL OR KENSINGTON GANGENS NINSINGSTREET ADDRESS 3000 MCCOMASAVE	HOWADDRESS 704 Hankin St.
3. NAME OF DECEASED: (Type or Print) SOPHIC	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: 7- 3 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED. DIVORCED. (Specify): SINGLE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.  1 16_1852 82 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Heren Fisher	Regera
15, WAS DECEASED EVER IN U.S. ARMED FORCES!   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Anna Vierling, 704 Hankin St.
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATIO	hal arte inscherosis 5 yes no object arteurschool 15 yes. Palmeray esleva 2 day
here the second of the second	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (County) (State) ,, etc. INJURY OCCUR?
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 200 alive on	M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED  STERY OR CREMATORY   LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR  Transces Stevens Stevens	Warner & Tungangailver Spring, Maryland

Who was an vocation the 2 +3 fely 55. Her hestery straws a gradual denuble Ceruse Sera odmistra & Kerseyta Cardens & me rapid delevered in logenming M. Zwhaho.

BUREAU V. S.

9961 8 JAC

DECENTED

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6222

#### OPPORTUGATE OF DEATH

		CERTIFICATE C	JI DEATH RE	eg. Dist. No.
	carefully legibly.	1. PLACE OF DEATH: 2.	USUAL RESIDENCE (HOME) OF D	ECEASED:
	ref	COUNTY MARYLAND MARYLAND	STATE MAUNIA COUNTY	Inulas
	carefull legibly.	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write	
Marian.	noi	OR and give nearest town (in this place)	TOWN alexand	Mia 83x-3
MA	y 8	HOSPITAL OR	STREET (If rural give	location)
121	m of information death clearly and	JUSTREET ADDRESS Lubruban   Supital	ADDRESS 18-E. Mo	nipe are: 1
	in	3. NAME OF (First) (Middle) Last	4. DATE (Mont)	(Day) (Year)
	item of of death	(Type or Print) Pattie hutis The	myg DEATH	ln 8 19 00
			BIRTH: 9. AGE last birthday	11.
		Temale white (Specify): Maried pinels	1812 18 yrs	onth Days Hours Min.
	every	10A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	BIRTHPLACE (State or foreign country	y): 12. CITIZEN OF WHAT
Z C	63	even if retired)	buginia	Lux.
BINDIN	Supply te the	13. FATHER'S NAME:	MOTHER'S MAIDEN NAME:	
Z	up e tl	Mindle Mangelland	Levigianna d	landred
	K. Su write	18. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY No. 17		1 1 10, 11
FOR		(Yes, no, or unk.) (If Yes, give war or dates of service)	halledlesse &	ubruban dustita
_	NG IN	18. MEDICAL CERTIFICATION		INTERVAL BETWEEN
RESERVED	DING: ples	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
RV	IQ.	600.0 Wagning		14 Lanc
Œ	FA	IMMEDIATE CAUSE  (A)  DUE TO  (DUE TO	0 00	100
ĕ	TH UNFA	ANTECEDENT CAUSE (S)	walnus Vi	3 alas A
	I I	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	Tere reprivers	O Jerech.
G	WITH it. Phy		0, 0	9
MARGIN	Mt.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING	Percuis Menuelvikel	15 9385
M	Y,	TO THE DEATH BUT NOT RELATED TO THE	Die Cardingophy Oit	bayas 15 years
	AINLY, Wimportant.	DISEASE OR CONDITION CAUSING DEATH.	ALDE SECUED CONTRACTOR	
	7			YES NO P
1	VRITE PL	21A. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, factory.	21c. WHERE DID (City or town)	(County) (State)
	TE ecis	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.	INJURY OCCUR?	
-	WRITE	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	-	OF INJURI		
		122 I hereby certify that I attended the deceased from 11.2	, 1950, to 7/8 , 1955, the	at I last saw the deceased
20	D.C.	3.0	1 M, from the causes and on the	he date stated above.
0	TYPE	alive on	ADDRESS	DATE SIGNED
10	-	al Robert 1 locale M.D.	July	8.1955
	02	23. BUTTAL, CREMATION DATE THEREOF NAME OF CEMETERY	OR CREMATORY LOCATION (Chy	, town, or county) (State)
115	EA	I smort hely 8.191 B	telesan	drew /a. D.
rô.	PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	M FUMERAL DIRECTOR	20 J. WYPRESS AT

13 1322 TNF

DECENTED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The ,

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# 6833 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06810

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE Maryland countyMontgomery
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
57 OR and give nearest town) (in this place) 57 TOWN Silver Spring 3 years	TOWN Silver Spring 56
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS 1604 South Springwood Drive	ADDRESS 1604 South Springwood Drive
DECEACED. M. T.	orni   4. DATE (Month) (Day) (Year) OF July 15 19 55
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED. Aug. 1	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: even if retired): Engineer - Wash. Sub. Sanitary Co	II BIRTHRI ACE (Stute or foreign country); Ital CITIZEN
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George W. Forni	Mollie Workman
15. WAS DECEASED EVER IN U.S. ARMED FORCES!   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, kive war or dates 214-03-8695	Mary H. Forni, 1604 So. Springwood Drive, SS
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  HAD I Cardiae  (A) Cardiae	failure 10 min
ANTECEDENT CAUSE (S:	+1 1 - 1 +
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  DUE TO	1 hombous a susacetion 36 hrs.
(c) Leperalu	get exerciserate vase -
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	None
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
	YES NO W
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg.,	
21A. ACCIDENT WAS UNDERLYING   CR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, factor of INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, factor of INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, factor of INJURY	tory. 21c. WHERE DID (City or town) (County) (State)
OF INJURY  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  M. 21E INJURY OCCURRED  While Not while at work at work	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?
(If EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work Mile Alive On Mile	tory. 21c. WHERE DID (City or town) (County) (State)  P 21F. HOW DID INJURY OCCUR?  1. 1955, to July, 1955 that I last saw the deceased  4.30 PM, from the causes and on the date stated above.  ADDRESS.  DATE SIGNED/6
210. Time (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work alive on alive on alive on BURNATURE AND	21c. WHERE DID (City or town) (County) (State)  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  4:30 PM, from the causes and on the date stated above ADDRESS  DATE SIGNED/6  1. D. 930 Colombia (City, town, or county) (State)
(If EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work Mile Alive On Mile	21c. WHERE DID (City or town) (County) (State)  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  4:30 PM, from the causes and on the date stated above ADDRESS  DATE SIGNED/6  1. D. 930 Colombia (City, town, or county) (State)
210. Time (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work alive on alive on alive on BURNATURE AND	21c. WHERE DID (City or town) (County) (State)  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  4:30 PM, from the causes and on the date stated above ADDRESS  ADDRESS

TATILATED SON SON DESIGNATION OF THE SECOND SECOND

BUREAU V. E.

261 18 Ju

MEGENAED

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Supply every item of information carefully. The

A15.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16811 CERTIFICATE OF DEATH Reg. Dist. No. 2/

Reg. Dist. No. 2/4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MARYLAND	STATE Md COUNTY Monthonery
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE COUNTY Montered  CITY(19 outside corporate limits, write RURAL and give nearget town)
OR and give nearest town) (in this place)	OR TOWN
HOSPITAL OR	STREET (Wrural give location)
INSTITUTION OR A 11 11 1	ADDRESS ADDRESS
10 STREET ADDRESS CANTON Hall Soute	HOO / Wilshes
	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) DONALO	PASER DEATH: July 8 1955
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF under 1 YEAR IF UNDER 24 HRS.
(Specify): Widowed 1901	151867 87 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT
work done during most of working life.  even if retired):	Capla
13. FATHER'S NAME;	14. MOTHER'S MAIDEN NAME:
000 10 -10000	Davis Elalles
IS, WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. MFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates	24.0 A 10. 0 14
of service)	Mis p. 16 Moran Paughter
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	THE BEIWEEN
1/ 0 0.	ONSET AND DEATH
HAMMEDIATE CAUSE (A) ACUIE	MYOCARDITIS
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, (B) CHRONIC	MVOCARDITIS
GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	ZED ARTERIOSCLEROSOS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TENTOSCO ENTOSO
TO THE DEATH BUT NOT RELATED TO THE	ITV
DISEASE OR CONDITION CAUSING DEATH	
	20. AUTOPSY?
NINE	
21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E NJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?
M. at work at work	Nove
22. I hereby certify that I attended the deceased from JAN	
alive on Jaly 8, 1955, and that death occurred at	1 P M, from the causes and on the date stated above.
SIGNATURE )	ADDRESS A A WAY DR DATE SIGNED
	D. CHOUN CHASE M
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Burnal 7-12-58 /110/4 00	uer Con. Walls Kiner //t.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR
REGISTRAR'	(1.10) Funeral Have 14417 Go and may

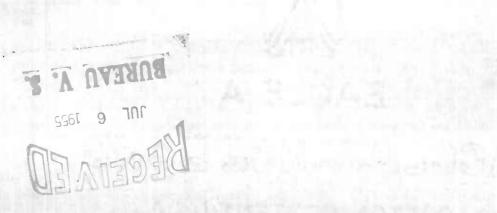
BUT TE 1952

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Th	6835 CERTIFICA:	TE OF DEATH Reg. Dis	t. No. 2/6		
ally.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	ED:		
carefully.	county Montgomery Maryland	STATE Maryland COUNTY MO	ntgomerv		
	COUNTY MONTGOMERY MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Kensington  MARYLAND LENGTH OF ST (in this place)	AY CITYIIf outside corporate limits, write RURAL			
information clearly and	HOSPITAL OR Le Deau Gardens Rest H	ome STREET 4221 Everett St			
	3. NAME OF (First) (Middle)  DECEASED: (Type or Print) Lewis G. F.	RAZIER 4. DATE (Month) OF DEATH: July 3,	(Day) (Year) 19 55		
it	Male White Widowed, Divorced, (Specify): Married 3	- 20 - 1004   71 yrs.   3	Days Hours   Min.		
r every causes	work done during most of working life, even if retired): Doctor Med. Ret. Medicine	Oxford, No. Carolina	CITIZEN OF WHA		
Supply te the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Su	Unknown	Unkno			
NG INK. Su please write	(Yes, no, or unk.) (If Yes, give war or dates of service)  15. Social Security No.	Son, 4221 Everett St. Kensi	Frazier ngton,Md.		
WITH UNFADING 1	ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  DUE TO	chopneumonia, bilateval sed arteriosclerosis, advance	INTERVAL BETWEE ONSET AND DEAT  2 days.		
3-4	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
LY	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
PEAINLY, W	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERAT	TON	20. AUTOPSY7		
E . E	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bl	factory. 21c. WHERE DID (City or town) (Courden, etc. INJURY OCCUR?	nty) (State)		
× m	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURI While Not while at work	RED 21F. HOW DID INJURY OCCUR?			
O. See	22. I hereby certify that I attended the deceased from, 1953, to July 3, 1955, that I last saw the decease				
PLEASE TYPE correct as	alive on Joly 3, 1955, and that death occurred SIGNATURE  23. BURIAL, CREMATION, DATE/THEREOF NAME OF CEM REMOVAL (SPECIFY)  Burial  7-6-55  Kingston	M. D. 392/ Mg May Sh. Cu-	July 3 195		
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 7/4/55 BOAR'S M LIANSEL FOR	Polert a Rupupliney Be	thesda, Md.		

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING



CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Montg COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) rsburg • Rural • 77 yrs OR TOWN Gaithersburg STREET Rural (If rural give location) ADDRESS 3. NAME OF 4. DATE Martha (Middle) Frazier (Month) (Day) (Year) DECEASED: 19 55 Jane July (Type or Print) DEATH: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) N LOW 8. DATE OF BIRTH: 5. SEX: S. COLOR OR 9. AGE last birthday: if UNDER I YEAR IF UNDER 24 HRS. Refored Months Days Hours Female Apr 3-1878 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OR | II. BIRTHPLACE (State or foreign country): work done during most of working life, even if retired) HOUSE WITE Home Work Gaithersburg. Rural .Md. (Maden Unknow 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Name John H. Chase Matilda Chase 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: (Yes, no, or unk.) | (If Yes, give war or dates of Rosa L. Snowden. Gaithersburg.Md. service) 18. MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Immediate cause (a) DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last. DUE TO 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death, 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No No 21. ACCIDENT (STATE) (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) SUICIDE

WITH important.

especially

HOMICIDE

INJURY

PLAINLY

correct

carefully.

and legibly.

clearly information

death

causes

write

INK.

UNFADING

d

Physicians:

of

item

Supply

MARGIN RESERVED FOR BINDING

OF office bldg., etc.) INJURY

INJURY OCCURED While at Not While HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from account 7. 1955, that I last saw the deceased \_\_\_\_\_19.6.4. to alive on July M, from the causes and on the date stated above. and that death occurred at SIGNATURE (Degree or title)

REGISTRAR'S SIGNATURE

BURIAL, CREMATION. REMOVAL Specify)

TIME (Month) (Day) (Year) (Hour)

DATE REC'D BY LOCAL

NAME OF BrookGrove LOCATION (City, Lown, of County) Laytonsville. Md

Ernest C. Gartner, Gaithersburg Md.

WRITE SE PLEA

· Long · Standard of the contract of the contr BUREAU V. S. 10 IS 1022

# 6937 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINE	R'S CERTIFICAT	re of	DEATH	No. 2/6
-----------------	----------------	-------	-------	---------

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE MO COUNTY Monta	>
CITY (11 outside corporate limits, write RURAL   L'ENGTH OF STAY (in this place) TOWN   Corporate limits, write RURAL (in this place)	CITY (If outside corporate limits write RURAL and TOWN Sethesda	give nearest town)
HOSPITAL OR INSTITUTION OR USTREET ADDRESS 4505 N Chelsea St	STREET (If rural, give location)  ADDRESS 45-05 N. Chilsia &	+ '
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Goldie Montana Fr	(Last) 4. DATE (Month) (Day) OF DEATH July 19	(Year) 1955
RACE, WIDOWED, DIVORCED,	E OF BIRTH: 9. AGE last birthday: If UNDER 1 Y / 2-1903 52 yrs. Months Da	
10 USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY No.: (Yes, no, or unk.) (1f Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Roy & Frisby (husband) Sam	eas Ilin 2
TO MEDIC	AL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:    Timediate cause (a) Carbolic aci		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, (b)		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21s. EXTERNAL CAUSE WAS   21s. PLACE (Home, farm, factory, OF street, office bldg., etc. INJURY   21s. EXTERNAL CAUSE OF DEATH.		(State)
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   While at   Not while   INJURY   M.   work   at   work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ		
find that death resulted from: Natural causes [], Accidentations of the superior of the superi	dent [], Suicide [], Homicide [], Undeter.  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	mined cause [].  DATE SIGNED  7.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER 7-23-55 Cedar Hill	Suitland, Md.	inty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 7-20-53 Place M. Thompso	Hole & Jumph Bethe	sda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

9961 93 THE

DEALEDAN

LINE MEDS

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6833

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

ARGIN RESERVED FOR BINDING

### CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

Bethesda,

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONTA OM STY MARYLAND	STATE Md. COUNTY MORLE	Musu
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and rive	
X TOWN Solves do 4	TOWN A COLOR	×
HOSPITAL OR	- STREET If rural give location)	7
MINSTITUTION OR MINSTITUTION O	ADDRESS Ho	7
14	1408 Waknudge	705.
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) 3 600 Lea	WIER DEATH: 7 - 5	19 55
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE   WIDOWED, DIVORCED.		Hours   Min.
Engle Wite (Specify): Married 1.	-8-87 68 yrs. 5 27	Min,
OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZ	
even if retired):	1.000	S
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
TIVIL	Missic	
15, WAS DECEASED EVER IN U.S. ARMED FORCES?   18. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates	Stephen Filler - Musbaud	1
of service)	Halas Othile Are Clas	March
18. MEDICAL CERTIFICA I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	RVAL BETWEEN
1 DISEASES ON CONDITIONS DIRECTED TO 10	1 . 1 . 1 . 1 .	
IMMEDIATE CAUSE (A) OXO VICTOR	scular accident	13-75F
ANTECEDENT CAUSE (S)	0 11 1 0 0 0 0	1
DISEASES OR CONDITIONS, IF ANY, (B)	Un torres exercises.	
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
(C) A.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	NET LE SE ANLONS	
TO THE DEATH BUT NOT RELATED TO THE	CANASTILLE TIONS LANGE.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	IN SO.	AUTOPSY?
	YES	
ACCUPANT WAS UNDERLYING 1 218 PLACE (Home form to	etory, 21c. WHERE DID (City or town) (County)	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg		(State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)   21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRE	D   21F. HOW DID INJURY OCCUR?	
OF INJURY While Not while		
	151-6	
22. I hereby certify that I attended the deceased from	5 19 that I last saw	the deceased
alive on 1, 1955 and that death occurred a	t M, from the causes and on the date stated	i above.
SIGNATURE	ADDRESS DATE 910	NEW
	M. D. DOF CHUM CHAIL SK, D.C.	(113)
23. BURIAL, CHEMATION, DATE THEREOF NAME OF CEME	TERY OR CREMATORY LOCATION (City, town, or count	y) (State
Burial 7-8-55 Ft. Linco	oln Prince George	Marylan
	1 04 FUNERAL DIRECTOR	PERE

Robert a Dumphrey

BECEINED.

9201 8 1111

BUREAU V. S.

)	-
က	
- 53	
10	
1	
12	
A	

VS.

a	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	06816
y. Th	6774 CERTIFICATI	E OF DEATH Reg. Dist.	No. 223-
ully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
tion carefully and legibly.	COUNTY Montgomery MARYLAND  CITY (If outside corporate limits, write RURAL OR and give nearest town)  Town Takona Park  MARYLAND  LENGTH OF STAY (in this place)	STATE May land COUNTY Prince CITY(If outside forporate limits, write RURAL a TOWN Mt. Rainier	
information clearly and	Mospital or Washington San. & Hosp.	STREET ADDRESS 3370 Chillem Rd APT	#101 V
f in	3. NAME OF (First) (Middle) DECEASED:	OF	Day) (Yesr)
m of i	(Type or Print) Frank Diers Jo	allagher   DEATH: / -	उ 1955
ite	Male White (Specify): Marcial 12 -	9-88 66 yrs. Months D	ays Hours Min.
every	USUAL OCCUPTION (Gibe kind of 108. KIND OF BUSINESS work done during for the life. OR INDUSTRY: Leven if retired) Not Known God Penvine Ope.	11. BIRTHPLACE (State or foreign country); 12.	CITIZEN OF WHAT
	retired Not Known boll PRINTING OFF. 13. FATHER'S NAME:	Minnesota 1	mer -4.5 A.
Supply te the c	MILIANI	1	
Si	15. WAS DECEASED EVER IN U.S. AMED FORCEST   16. SOCIAL SECURATION NO.	17. INFORMANT & ADDRESS: Hassital &	Records
INK.	(Yes, no, or unk.) (If Yes, give war or dates of service) WWI Army thrown	Washington Sanitarium t Hos	sital
D &	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
N d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A / 1 - 1.	ONSET AND DEATH
AD is:	IMMEDIATE CAUSE (A) LOVING	estive Cardiae Tailure	Terminal
TH UNFA Physicians	ANTECEDENT CAUSE (S)	+ 4	20
ysi.	DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE  DUE TO	he tangrene	three weeks
	STATING UNDERLYING CAUSE LAST		2
WI nt.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	eoscierosis	1 978
NLY, W	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
AINLY	19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
A	0		YES NO NO
ia i	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (Count INJURY OCCUR?	(State)
WRIT	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	,
ge is	22. I hereby certify that I attended the deceased from	3 /, 1955, to 7/3 , 1955, that I last	saw the deceased
E ag	alive on 7/3/, 1955, and that death occurred at	11.0	
TYPE rect a	SIGNATURE A	ADDRESS O L 744 DAT	TE SIGNED
SE		A. D. / affour land . MA. ERY OR CREMATORY   LOCATION (City, town, or	obunty) (State)
EAS	BURIAS 1/6/1955 FORT LINE	0 0 11	Pa Gools. Mo
PI	PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REC'STRARS-1955 WWWN OSD d	Will Gamberton Store	ADDRESS Md.
6			

THE WALL MEANING HER STATE OF THE STATE OF T

10.30,300 100/1

and and the

and want

Jh13

BUREAU V. S.

. 8361 7 JUC

BECEINED

MARGIN RESERVED FOR BINDING

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

M

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6839 CERTIFICATE	E OF DEATH Reg. Dist.	No. 216
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
11 +	MA	10.
COUNTY ON GOWER WARYLAND  CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE COUNTY COUNTY CITY(If outside corporate limits, write RURAL a	190mery
OR and give nearest town) (in this place)	OR COL	-,
X TOWN Sethesda 6 days	TOWN SILVER SPring	7 56
HOSPITAL OR INSTITUTION OR SUBUY DAN	STREET (If rural give location) ADDRESS / 2220 Bluehill	Rd.
		Day) (Year)
DECEASED: (Type or Print) Francisco Quarea G	alope DEATH July	13 1955
5. SEX:   6. COLOR OR 7. SINGLE, MARRIED,   8. DATE   RACE;   WIDOWED, DIVORCED,		
Male White (Specify) Married of N. 1	11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT
work done during most of working life. even if retired):  OR INDUSTRY:	Manila P. I.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	,
Unknown	unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   15. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Wife Virginia Galor	e-above
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Cercy	heal Thrombosis	6 Days
DUE TO	7-4-2	73
ANTECEDENT CAUSE (S)	all attorner Procis	5 4 squa
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) DUE TO	Ed William Carrons.	3 7 000
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	terris autorio	
DISEASE OR CONDITION CAUSING DEATH.	19000, acreace.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (If EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc.   21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July	47, 1955, to July 13, 19 5 that I last	saw the deceased
alive on July 13, 1955, and that death occurred at SIGNATURE	435 PM, from the causes and on the date ADDRESS DAT	stated above.
	ERY OR CREMATORY   LOCATION (City, town, or	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRARY 19:5"  JUNNIE M. Jongson	24. FUNERAL DIRECTOR 5733	ADDRESS a Pur
		The state of the s

SSGI GI TOC

OZ AIZOZIVI

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

### . . . . MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06818

	6849 CERTIFICATI	E OF DEATH Reg. Dist.	No. 215
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
and legibly	county Montgomery Maryland	STATE Maryland COUNTY Prince	Georges
le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL at OR	nd give nearest town)
and	X TOWN Bethesda Rural   1 Hr 20 mir		16x-2
death clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location) ADDRESS 4775 Huron Avenue	/
l cl	3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (I	Day) (Year)
atl	DECEASED: (Type or Print) Michael Paul Ga	alutzi OF DEATH: July	3 19 55
of de	PACE. WIDOWED DIVORCED		ays Hours Min.
causes	Male White (Specify): Married 11-1  IOA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
can	even if retired): Machinest Capitol Airlines	Pennsylvania	U.S.
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
نه	Joseph GALLUZO	Unknown	
please write the	(Yes, no, or unit) (If Yes, give war or dates of service) WW II 578 44 1973	Wife Alwilda E. GALUTZI Same as above	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICAT  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  (A)  DUE TO	ry Occlusion ry atherosclerosi	INTERVAL BETWEEN ONSET AND DEATH
Physicians	ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	y atherosclerosis	Tyear
	(c)		
tan	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
important.	DISEASE OR CONDITION CAUSING DEATH.		
	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N .	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while 2			(State)
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
age	22. I hereby certify that I attended the deceased from 3. Jul		
ogreet	sitte of the land		re signed
200	REMOVAL (SPECIFY)	THE TAI NAME Bethoods Maryland	
	Burial 7-7-55 Arlington Na	ational Arlington, Virgin	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	Simmons Bros 1661 Goodhope R	load, S.E.



MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

06819 Reg. Dist.

EXAMINER'S CERTIFICATE MEDICAL OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONTEOMERY MARYLAND	STATE Md. COUNTY MONTE	OMERY
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits write RURAL and	
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN PRING (in this place)	TOWN SILVER SPRING	56
HOSPITAL OR	STREET (If rural, give location)	1
INSTITUTION OR 827 PHILADELPHIA AVE.	ADDREST HILADELPHIA AVE.	7
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day	) (Year)
DECEASED: (Type or Print) ROBERT EDWARD GAR	DNER DEATH JULY 3,	1955
	OF BIRTH: 9. AGE last birthday: IF UNDER I Y  NE 19, 1908 47 yrs. Months Da	
10a. USUAL OCCUPATION (Give kind of   10b. KIND OF BUSINESS OI	7 715.	CITIZEN OF WHAT
work done during most of work life, even if retired): MALE NURSE GENERAL DUTY NURS.	ING SUNDERLAND, ENGLAND	COUNTRY! U-SA.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
KOBERT GARDNER	ELIZABETH MARTY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	PHÍA AVE.,
(166, 110, of units) (11 166, 8176 Wall Lates of 578-03-5594 L	EDITH D. GARDNER 827 PHILADER SILVE	x SPRING, NH.
18. MEDICA	AL CERTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
1420.1 ( to mary 1	occlusion	sudden
Immediate cause (a) DUE TO		
Antecedent cause(s)		
Diseases or conditions, If any, (b)		• • • • • • • • • • • • • • • • • • • •
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
0		Yes No No
21a. EXTERNAL CAUSE WAS PRIMARY [] OF CONTRIBUTING [] CAUSE OF DEATH.  21b. PLACE (Home, farm, factory, of street, office bldg., etc. INJURY		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?	
INJURY M. work at work		
22. I hereby certify that I took charge of the remains describ		
find that death resulted from: Natural causes , Accid	chief Medical Examiner	DATE SIGNED
Then AO 19 methout	DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	7-4-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):	Y OR CREMATORY   LOCATION (City, town, or con	unty) (State)
BREMOVAL (Specify): ( July 6, 1953. GEORGE WASHIN	NETON CEMETERY RIGGS Rd., HYATTSVILLE.	1R6EOGO. Md.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DUECTOR 257 CARRAL	ADDRESS
REG7_5-55 Trances Totter	Stepher & Tallors and - 4KKOLI	- N. W.,
	TAKOMA PARM	12 DC.
	, >4100, 111 / 41 / A	, , , ,

10F 8 10FE

BECEINED

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLANI	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18	06820
----------	-------	------------	----	-------------------	----	-------

MARYLAND STATE DEPARTMEN	T OF HEALTH	I—BALTIMORE, 1	8 12550.
6775 CERTIFICATI	E OF DEAT	CH Reg. I	Dist. No. 214
1. PLACE OF DEATH:	2. USUAL RESIDE	NCE (HOME) OF DECEA	SED:
COUNTY Montoomery MARYLAND  CITY (If outside corporate iimits write RURAL LENGTH OF STAY  OR and give nearest town)  (in this place)	CITY(If outside	of Cal. COUNTY corporate limits, write RURA	L and give nearest town)
OR and give nearest town)  7 TOWN  7 A Man  7 A	TOWN W	ashington	47x23
HOSPITAL OR Washington Sanitarium	STREET ADDRESS	(M rurai give locat	ion)
3. NAME OF (First) (Middle)	(Last)	3/st. St. N.	(Day) (Year)
DECEASED:	arland	OF DEATH: 7	2 19 35°
5. SEX:  6. COLOR OR/7. SINGLE, MARRIED,   8. DATE		AGE iast birthday IF UNDE	1300
Female Come. Specify: Widow //	-1-79	75 yrs. Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working iife. even if retired):		State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MA	IDEN NAME:	
William Bowles	Melinda	~ Mattinel	V
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT 8		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  155  IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  18. MEDICAL CERTIFICAT  (A)  DUE TO	nare can	ein ma-live	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) DUE TO			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	noodertu	heart dise	n years
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N		20. AUTOPSY?
4			YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE D		ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While M. at work at work	21F. HOW DID II	NJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on SIGNATURE and that death occurred at Maurical Luchurlish			
23. BURIAL, GREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) 7-6-55 MC-Oliv	et, Fem	Washington (City, town	tot 26
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24 FUNERALD	IRECTOR	ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

1055

BUREAU V. S.

3	WRITE PLAINI,	DIRACE W
---	---------------	----------

6842 MARYLAND STATE DEPARTMENT OF 1	HEALTH_RALTIMORE 18	Reg. Dist.
MEDICAL EXAMINER'S CER		No. 216
1. PLACE OF DEATH: COUNTY MONTGO MERYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED:  STATE Maryland COUNTY Mont	zomery.
OR and give nearest town) TOWN  LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL an OR TOWN	d give nearest town)
HOSPITAL OR INSTITUTION OR USTREET ADDRESS Suburban	STREET (If whal, give location)  ADDRESS 2610 Souncer	Road 1
3. NAME OF DECEASED: (First) (Middle)  (Type or Print)  5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATI	(Last) 4. DATE (Month) (Day OF DEATH DEATH 3	19 5 5 YEAR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	127, 1886 07 yrs.	Ays   Hours   Min.  CITIZEN OF WHA COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Yangs	Spring me
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  900.0 Immediate cause  (a) Effermine Cerebra  DUE TO  Antecedent cause(s)	ral contusion	INTERVAL BETWEEN ONZETA DEATH
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	stois	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Street office bidg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	Selver Spring Monty 211. HOW DID INJURY OCCUR?	(State) Mcl
22. I hereby certify that I took charge of the remains descripted that death resulted from: Natural causes , Accidental Control of the contro	dent , Suicide , Homicide , Undete  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	, Anquiry □, and rmined cause □ DATE SIGNED 8-1-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER Trens. & Burill 8/2/55 Memorial Park	Cemetery   St. Petersburg,	Florida
REG. 1/2/55 Busie in Sombron	24. FUNERAL DIRECTOR 8434 Ga	Ave ADDRESS Spring Md

BUREAU V. S.

SECT & SOLVE OF THE SECTION OF THE S

MARGIN RESERVED FOR BINDING

53	
ar.s	
-	
10	
1	
S	
Al	
-4	
i	
>	

MARYLAND STATE DEPARTMENT OF HEALTH—BA	LTIMORE, 18 06822
tem 18 Film G184 8-5-55 ams CERTIFICATE OF DEATH	Reg. Dist. No. 223
1. PLACE OF DEATH: 2. USUAL RESIDENCE (H	HOME) OF DECEASED:
COUNTY Montgomery MARYLAND STATE Maryland CITY (If outside couporate limits write RURAL LENGTH OF STAY) CITY (If outside couporate limits write RURAL LENGTH OF STAY)	COUNTY Morrisomery
OR and give nearest town (in this place) OR TOWN Takona Park (b days TOWN Takona Park	Park 17
TOWN TAKEMA Park (In this place)  TOWN T	(If rural give location)
3. NAME OF (First) (Middle) (Last) 4.	DATE (Month) (Day) (Year)
	DEATH: 7 34 1955
RACE: WIDOWED, DIVORCED.	Months Days Hours Min.
	foreign country): 12, CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	NAME:
	amini .
S RICCAYDO GAY  15. WAR DECEASED EVER IN U.S. ARMED FORCEST  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRE  (Yes. no, or unk.) (If Yes, kive war or dates	
of service) Unknown Washington Sani	
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
TO I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
MMEDIATE CAUSE (A) nenurarmalistics	helitia & days
ANTECEDENT CAUSE (S) DUE TO	J. Je
DISEASES OR CONDITIONS, IF ANY, (B) June Mundeleyman	ned Type
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	0
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	2
DISEASE OR CONDITION CAUSING DEATH.	
H 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
	YES NO
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  218. PLACE (Home, farm, factory, 21c, WHERE DID (City)  OF INJURY street, office bldg., etc. INJURY OCCUR?	
M. at work at work	OCCURT
v 22. I hereby certify that I attended the deceased from 17, 1955 to welly	4955, that I last saw the deceased
alive on July 23, 1955, and that death occurred at /: 50 AM, from the Juse SUNATURE & 8801, ADDRESS	LI, LO, DATE SIGNED
SIGNATURE  SIGNATURE  B. Crusel  M.D. Silver  M.D. Silver	ing the 7-24-55
8 23 Expial, CREMATION, DATE THEREOF SAME OF CENETERY OF CREMATORY LOS	as here to DE
DATE REC'D BY LOCAL POLIS HAR'S SIGNATURE 24 FUNERAL DIRECTOR	11 22.1 6 1-15.1
Heller Lennis Mont the x. H. Amis	60 2901-14 pt 11 10

3261 38 JUL

BUREAU V. S.

FREE TO STRATISTICS

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6	0	1	14
0	3	4	6

	5343 CERTIFICATI	E OF DEATH Reg. Dist	. No. 2/7
oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	0:
and legibly	COUNTY Montgomery MARYLANO  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)  56 Town Silver Spring 9 Weeks	STATE Maryland COUNTY Mont CITYLE outside corporate limits, write RURAL a OR TOWN Silver Spring	gomery and give nearest town)
clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS 1602 Cody Drive	STREET (If rural give location) AOORESS 1602 Cody Drive	1
death cl	DECEASED: (Type or Print) ZACHARIAH THOMAS GOLDSMITH	(Last) 4. DATE (Month) (Corporation of DEATH: July 23	Day) (Year) 19 55
of	male   6. COLOR OR   7. SINGLE. MARRIEO.   8. DATE   WIDOWED. DIVORCED.   WIDOWED. Dec. 2'		Days Hours   Mln.
causes	10A. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS work done during most of working life. OR INDUSTRY:  even if retired): Retired (10 yrs.) Builder	Washington, D. C.	CITIZEN OF WHAT COUNTRY?
the	13. FATHER'S NAME:	14. MOTHER'S MAIOEN NAME:	
	James S. Goldsmith	Catherine Auldridge	
e write	(Yes, no, or unk.) (If Yes, kive war or dates of service)  No. Social Security No.	Mrs.Robt.W.Corzine,1602 Cody D	ring, Md.
pleas	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
t. Physicians:	IMMEDIATE CAUSE  ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	hal Vasa les accident	Zen
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
oc	DISEASE OR CONDITION CAUSING DEATH.	the Least failer	3-20
	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF OEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	ty) (State)
is es	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  M. 21E INJURY OCCURRED While Not while at work	21F. HOW OID INJURY OCCUR?	
Se	22. I hereby certify that I attended the deceased from 🍆 🗸	P., 1955 to 7-23, 19 55that I last	saw the deceased
correct a		DATE DATE DATE DATE DATE DATE DATE DATE	re signed
CC	Burial July 26,1955 Congressions	al Cemetery Washington, D.	
	OATE REC'O BY LOCAL REGISTRAR'S SIGNATURE REGISTRAB	Lachox 6. Tumb lac Silver	ADORESS

A15-VS.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

BUREAU V. E.

25 TUL 27 1955

BECEINED

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6777	CERTIFICATI	E OF DEATH	Reg. Dis	t. No. 223
I. PLACE OF DEATH:		1 2. USUAL RESIDENCE	HOME) OF DECEASE	D:
A.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n.s	1/2	NCE GEORGE
				and give nearest town
OR and Rive nearest town	(in this place)	OR W	,	and give nearest town
	Rest Home			16.04-1
9 STREET ADDRESS A DOLL	1 Take a Park	ADDRESS	7 /	52
517- Woon	7-804-4-1	, O600	11010	
DECEASED: AT A CT	M. (-1	RAVES	OF 🥱	(Day) (Year)
5. SEX:  6. COLOR OR  7. SINGL	E MARRIED.   8. DATE	OF BIRTH: 9. AGE		YEAR IF UNDER 24 HRS.
Fundle White Special	YMARRIED MAN	11-1888 6	7 yrs. Months	Days Hours   Min.
IOA USUAL OCCUPATION (Give kind of)	OB KIND OF BUSINESS	11. BIRTHPLACE (State or	foreign country):  12	
even if redirect):	OR INDUSTRY: 7/	Woodstock	=, Md.	COUNTRY?
13. FATHER'S NAME:	40.0	14. MOTHER'S MAIDEN	NAME:	
Cheses & Mes	Rle.	mary x	Leeman	
		17. INFORMANT & ADDI	RESS:	0
(Yes, no or unk.) (If Yes, give war or dates	anknown -	Thomas &	GIANT'	Some Oce
# 121	18. MEDICAL CERTIFICAT	TION	STAND VI	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTL	Y LEADING TO DEATH	20		ONSET AND DEATH
332X	too. O. I	The land		Ladens
IMMEDIATE CAUSE	DIE TO	0 0000		
ANTECEDENT CAUSE (8)	(a leas a le	. EN 1de	la Ith. In	- 253 mac
DISEASES OR CONDITIONS, IF ANY,	(B) VACUATION	in old an	our runor a	0
STATING UNDERLYING CAUSE LAST.				
TO OTHER SIGNIFICANT CONDITIONS		PA	0 1	
TO THE DEATH BUT NOT RELATED T	OTHE ULA CE	what thembr	us, Leezy her	beef
		N	- V ()	- U
0				20. AUTOPSY?
ACCIDENT WAS UNDERLYING	21s 21 ACE (Home form for	tory old WHERE DID (C	itu an taum) (Cou	(\$4-4-)
OR CONTRIBUTING CAUSE OF DEATH			ity or town) (Cou	nty) (State)
210. TIME (Month) (Day) (Year) (Hour)		D   21F. HOW DID INJURY	OCCUR?	
OF INJURY M.	at work at work			
22. I hereby certify that I attended	the deceased from 195	0 , 19 , to 7/17/	, 19 5 T that I las	st saw the decease
		28		
SIGNATURE TO 1/9/ 0	D	ADDRESS		TE SIGNED
J. MINOC	Trans	1. D. 500 Indured	d., 1. 7	117/56
			CATION (City, town.	or county) (State
7-2	0-55 TA ting	other.	Jane Teo	Too me
DATE REC'D BY LOCAL REGISTRAL	9 SIGNATURE OO	24. FUNERAL DIRECT	OR 1/	ADDRESS
	COUNTY MONTGOMERY CITY (If outside corporate limits, write or any five nearest town and five institution or and five institution or street address.  HOSPITAL OR ON IC HAVEN  HOSPITAL OR ON IC HAVEN  STREET ADDRESS  NAME OF DECEASED: (Type or Print)  S. SEX:  G. COLOR OR 7. STINGT  RACE!  WIDO  (Specificant Condition (Give kind of work done riting most of working life. even if retire!):  13. FATHER'S NAME:  13. FATHER'S NAME:  WAS DICEASED EVER IN U.S. ARMED FORCES (Yes, pay or usk.) (If Yes, give war or date: of service)  I DISEASES OR CONDITIONS DIRECTL  3324  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S:)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION:  19B. MAJO  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  M.  22. I hereby certify that I attended alive on SIGNATURE AND SIGNATURE OF SI	1. PLACE OF DEATH:  COUNTY MONTE MELV MARYLAND  CITY (If outside corporate limits, white RURAL LENGTH OF STAY OR and Five plaraest towns)  HOSPITAL OR ON LAND ARK  HOSPITAL OR ON LAND ARK  HOSPITAL OR ON LAND ARK  1. NAME OF STAY (in this place)  1. NAME OF STAY (Middle)  1. NAME OF STAY (Middle)  1. SEX: S. COLOR OR T. STINGLE MARIED. S. DATE WITCHWARD OF SUINESS (Specify MARIED. SPECIFY)  1. STORY OF WAS UNDERLYING OF SUINESS (Specify MARIED. SPECIFY)  1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING AUGUST (Specify MARIED. SPECIFY)  1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING AUGUST (Specify MARIED. SPECIFY)  1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING AUGUST (Specify MARIED. SPECIFY)  1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING AUGUST (Specify MARIED. SPECIFY)  1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING AUGUST (Specify MARIED. SPECIFY)  1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING AUGUST (Specify MARIED. SPECIFY)  1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING AUGUST (S	COUNTY MONTE MELY  CITY (If outside corporate limits, white RURAL LENGTH OF STAY OR AND COUNTY OF A CONTRIBUTION OR AND ARCE (in this place)  TOWN A CONTRIBUTION OR A CONTRIBUTION OR AND ARCE (in this place)  TOWN A CONTRIBUTION OR A CONTRIBUTION OR A CONTRIBUTION OR A CONTRIBUTION OR A CONTRIBUTION CAUSE OF Print)  STREET ADDRESS  TOWN BEAT TOWN BEAT OF TOWN BEAT ADDRESS  STATE ME. (Midde)  (Mid	I. PLACE OF DEATH:  COUNTY (If outside comporate lights, whe RURAL LENGTH OF STAY OR and STORE place of the comporate lights, where RURAL LENGTH OF STAY OR and STORE place of the comporate lights, where RURAL LENGTH OF STAY OR and STORE place of the comporate lights, which remains the comporate lights and remains the comporate lights, which remains the composite lights and remains the composite light of the composite lights and remains the composite light of the composite light

HANGER SO REALISTED STREET

BUREAU V. S.

105 20 1955

SECENTED SEC

carefully.

information

Jo

item

every

Supply

ITH

国

RIT

2

国

00 4

FOR BINDING

MARGIN RESERVED

Loy Barper

BUREAU V. S.

Elei 8 aua

BECEINEL.

MARYLAND

(in this place)

days

CITY (If outside corporate limits, write RURAL| LENGTH OF STAY

The Clinical Center

CERTIFICATE OF DEATH

FOR BINDING

MARGIN RESERVED

The

carefully. legibly.

and

1. PLACE OF DEATH

TOWN

HOSPITAL OR

INSTITUTION OR

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

COUNTY Montgomery

and give nearest town)

Rethesda

PLEA

#### information clearly STREET ADDRESS National Institutes of Health 2 Enfield Drive (Middle) NAME OF (First) (Last) DATE (Month) death DECEASED OF Gruff Dorothy DEATH: JULY 11 (Type or Print) 6. COLOR OR 17. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR | IF UNDER 24 HRS. RACE: WIDOWED, DIVORCED, of Months | (Specify): Married Female White August every OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life, even if retired): Housewife OR INDUSTRY: Pennsylvania Supply the 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Fred Pacitti Mary Facacio te 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. or unk.) (If Yes. give war or dates The medical record, The Clinical Center Z of service) no 18. MEDICAL CERTIFICATION ADING I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Lobular pheumonia (A) Physicians IMMEDIATE CAUSE UNF DUE TO ANTECEDENT CAUSE (S) Hodgkins disease DISEASES OR CONDITIONS, IF ANY, WITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE AINLY DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION none none PL 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) WRITE OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) None 21E INJURY OCCURRED While Not while 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY at work at work 20 2 22. I hereby certify that I attended the deceased from June 7, 1955, to July 11, 1955, that I last saw the deceased 0 age 回 , and that death occurred at 1:45. PM, from the causes and on the date stated above. TYP] correct SIGNATURF titutes of M. DN (H) 23. BURIAL, CREMATION. CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF

REGISTRAR'S SIGNATURE

Cross

(Year)

1955

Hours

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

July 11,1955

(State)

NO

(State)

YESK

DATE SIGNED

Yeadon

ADDRESS Bethesda, Md.

Delaware Co.

FUNERAL DIRECTOR

COUNTRY?

Reg. Dist. No. 2/6

(Day)

Days

COUNTY Alexandria

CITY(If outside corporate limits, write RURAL and give nearest town)

(If rural give location)

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Virginia

TOWN Alexandria

OR

STREET

ADDRESS



18 1955 JUL 18 1955



ADDRESS

2901 14th ST, NW, WDC

10.5.	F. 4
\$	carefully.
M	nformation clearly and
	item of i
VED FOR BINDING	ING INK. Supply every item of information carefully. Thease write the causes of death clearly and legibly.
FOR E	INK.
/ED	ING

US45 CERTIFICATI	E OF DEATH Reg.	Dist. No. 612
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECE	ASED:
county Montgomery MARYLAND	STATE District of Columbia	
CITY (If outside corporate limits, write RURAL CONTROL (in this place)  X TOWN Bethesda rural  CITY (If outside corporate limits, write RURAL (in this place)  2 days	CITY(If outside corporate limits, write RUR OR TOWN Washington, D.C.  STREET (If rural give loca	The state of the s
HOSPITAL OR SINSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural give loca ADDRESS 640 G Street, N.E.	
- Time -	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) James Earl HAD		1 1955
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED,   8. DATE   10   10   10   10   10   10   10   1	88 66 yrs.	as Days Hours   Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Clerk Grocery Store	Washington, D.C.	12. CITIZEN OF WHA COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Thomas HADEN	Alice BIGGS	
(Yes, no, or unk.) (If Yes, give war or dates of service) WW I	17. INFORMANT & ADDRESS: Sister Mary H. AUSTIN Lee Gardens, Arlington, Vir	
18. MEDICAL CERTIFICAT		INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  420.1  IMMEDIATE CAUSE  (A) Ventucus	ilar fibrulation	Smin
STATING UNDERLYING CAUSE LAST.	ilar fibrillation ny atheroscleroni	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   CR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		County) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
22. I hereby certify that I attended the deceased from 29. J	fune, 1955, to 1 July , 1955, that I	last saw the decease
alive on July, 19 55, and that death occurred at	t8:15 PM, from the causes and on the d	ate stated above.  DATE SIGNED
	M.D.NNMC Bethesda Maryland Pery or Crematory   Location (City, tow	
Buriat (SPECIFY) 6 July 1955 Arlington	n National Arlingt	on, Va.

24. FUNERAL DIRECTOR

S.H. HINES

PLEASE TYPE OR A15 VS.

DATE REC'D BY LOCAL 2"EGISTRATO55

BECEINED

SSGI S JUL

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

THE STATE OF THE S	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery Maryland	stateMaryland county Montgomery
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Cabin John	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cabin John
HOSPITAL OR INSTITUTION OR ESTREET ADDRESS Riverside Dr.	STREET Riverside Drive location)
3. NAME OF (First) (Middle) DECEASED: (Type or Print) DAVID • V. H.	ALL 4. DATE (Month) (Day) (Year) OF DEATH July 4 19 55
Male RACE White (Specify): Widowed Au	g. 8, 1890   9. AGE last birthday: If UNDER I YEAR IF UNDER 24 HRS  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Maint.US Gov Government	Maryland  11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS: Step-son
no   service)  213-16-2684	John W. Skinner-Box 346 Gaithersburg, Mc
Immediate cause  DUE TO  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause DUE TO  stating underlying cause last  TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Clusion tomol died b-d
DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes 🗆 No 🗇
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.	21c. (City or town) (County) (State)
2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains describ	ed above, held an Autopsy   , Inspection   , Inquiry   , and lent   , Suicide   , Homicide   , Undetermined cause   CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
DEMOVAY (Specify)	Y OR CREMATORY LOCATION (City, town, or county) (State)  Nat'l Cem Arlington Va.  24. FUNERAL DIRECTOR  Noter ( James Bethesda, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

H

VS. A15A - 5 - 53

BUREAU V. S.

100 8 100 E

BECENAED

11. BIRTHPLACE (State or foreign country): 112. CITIZEN OF WHAT COUNTRY? S. A. 5413 5th St. Miss Mildred E. Hall. Washington, D. ONSET AND DEATH IR DIO VASCULAR LISUALIE 20. AUTOPSY YES [ NO (County) (State) 26. 1953 that I last saw the deceased M, from the causes and on the date stated above. DATE SIGNED LOCATION (City, town, or county) Falls Church. Virginia DATE REC'D BY LOCAL REGISTRAR umbkrau Silver Spring, Md.

(Dav)

Days

Months

(Year)

19 55

Hours

300 300 200 200

BUSEVO A. Z

SS61 8 DAY

TEE INTENDED

A CONTRACTOR AND A CONTRACTOR AND A CONTRACTOR

THE RELEASE DESIGNATION OF REAL PROPERTY.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5810	MARYLA:	ND STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	0683
0043	Item 14	FilmG184	TOTAL CLASS	OT	TOTA MITT		1

10043 Item 14 FilmGl8	ERTIFICAT	E OF DEATH	Reg. I	Dist. No. 216
1. PLACE OF DEATH:		2. USUAL RESIDENCE		
COUNTY Montgomer,	MARYLAND	200- /-	1 2	20 . La
CITY tif outside of porate limit, write RUR		CITY(If outside corpor	COUNTY	L and give nearest town
		OR TOWN	1 1 0	The working the treatest town
HOSPITAL OR	14days	STREET	er offer	29 36
INSTITUTION OR THE STREET ADDRESS	11	ADDRESS	(If rural give locat	lon)
14 xupuron	· Hoop.	10207	Nayhvor	Losure
3. NAME OF (First) DECEASED:	(Middle)	(Last)	DATE (Month)	(Day) (Year)
(Type or Print) hands	nakam	HALL	DEATH: July	
RACE: / WIDOWED.	ARRIED, 8. DATE	1		Days Hours   Min.
male white mail	ed Octor	Le 28-1873 8	yrs.	
10A. USUAL OCCUPATION (Give kind of 10B. ) work done during most of working life.	KIND OF BUSINESS	11. BIRTHPLACE (State of	or foreign country):  1	12. CITIZEN OF WHAT
even if retired: farm.	nego	Washinston	-8.6	COUNTRY
13. FATHER'S NAME:		14. MOTHER'S MAIDEN	NAME:	
Columbus Hal	1	Unkn	own	
	. SOCIAL SECURITY NO.	17. INFORMANT & ADD	RESS: Treather	£ 8611
(Yes, no, or unk.) (If Yes, give war or dates		10207 Way	10. 100	1. 20 -201
7	MEDICAL CERTIFICA	- I Jane	ma an. alla	reciping 114
I DISEASES OR CONDITIONS DIRECTLY LE				ONSET AND CEATH
153X	0	1/		C/ Ches
	Carren	oma / Colo	7	870,000
ANTECEDENT CAUSE (S)	то	0		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST.	то			
(0				
II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEAT				
194. DATE OF OPERATION: 198. MAJOR FIR	NDINGS OF OPERATIO	N		20. AUTOPSY?
				YES NO A
21A. ACCIDENT WAS UNDERLYING OF LONG CONTRIBUTING CAUSE OF DEATH OF IN (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, farm, fac JURY street, office bldg.	etc. 21c. WHERE DID (C	City or town) (Co	ounty) (State)
OF INJURY W	hile Not while work	D   21F. HOW DID INJUR	OCCUR?	
22 I haraby contify that I attended the	language from 10.	1057/4 /9 4	0. 1055 11 1 1 1	4 43 3
22. I hereby certify that I attended the d				ast saw the deceased
alive on 7, 7, 1933, and the	at death occurred at	9:20P. M, from the cau		
Welliam D. Com		10. 1		DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF		ERY OR CREMATORY   LO	CATION (City, I win	of county) (State)
REMOVAL (SPECIFY) 7/21/24	110	1 Pa (	11.11	(istate)
Derivat 1/00/33	CHATURE	od Clus. U	ack. N.	6.
DATE REC'D BY LOCAL REGISTRAR'S SE	M Thank	24 FUNERAL DIRECT		ADDRESS,
- Person	111. Showing	THE DX . Yundon	2901-147457	Fr.w. Wash. D.C.

DECELVED V. S. JUL 25 1955

R. V. VASAUA

Ernest C. Gartner, Gaithersburg, Md,

CERTIFICATE OF DEATH 6850 Reg. Dist. No. 2/8 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Montg STATE Maryland COUNTYM ontg.
CITY (If outside corporate limits, write RURAL and give nearest town) STATE Maryland COUNTY MARYLAND CITY (If outside corporate limits, write RURAL| LENGTH OF STAY OR and give nearest town) TOWN Galthersburg. 6yrs OR Gaithersburg HOSPITAL OR INSTITUTION OR STREET Rout #3 (If rural give location) ADDRESS STREET ADDRESS 3. NAME OF DECEASED: (Last) 4. DATE (Month) (Day) (Year) (First) Elizabeth Marv Hanger 19 55 DEATH: (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W 1 Q OW 8. DATE OF BIRTH: 9. AGE jast birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX: S. COLOR OR 3 Months Days Hours Female Mar 20-1874 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country):
HOME WORK Petersburg. W Va. 112. CITIZEN OF WHAT 10a. USUAL OCCUPATION Give kind of COUNTRY? work done during most of working life, even if retired) HOUSE WITE Petersburg. W Va. 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Floyd D. Hanger Mary C, Keptlinger I6. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: 15 WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of Corbett V. Hanger, Gaithersburg, Md service) 18. MEDICAL CERTIFICATION Intervai Between scinoma of Ganbreas DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Immédiate cause Antecedent causes (s) Physicians: Diseases or conditions, if any, giving rise to the above cause (b) .. stating the underlying cause last. DUE TO 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY ? 19a, DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No 19-(COUNTY) (STATE) ACCIDENT PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (Specify) SUICIDE INJURY HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? OF INJURY While at Not While At Work Work [ ... 19. 5, that I last saw the deceased 22. I hereby certify that I attended the deceased from une 1951. and that death occurred at 113 204 from the causes and on the date stated above. alive on LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY Maple Hill Patersburg. AUDRESS REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

WITH PLAIN 田 SE WRIT PLEAS

correct

carefully.

legibly.

and

clearly information

death

Jo

causes

Jo

item

Supply

INK. please

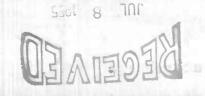
ADING

important.

especially

23

MARGIN RESERVED FOR BINDING



BUREAU V. S.

Tours tours to the land

. man beries . . in the control of

Taginat . Broil

WRITE PLAINLY, WITH UNFADING INK. Supply every item

of information carefully. The

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORI 6351

CERTIFI	CAT	TO T	DEA	TH
		1.4		

E,	18	06832
eg.	Dist.	No. 2/6

1. PLACE OF DEATH:		-	ENCE (HOME) OF DE	CEASED:			
COUNTY Montgomery MA	RYLAND	STATE Tenr	COUNTY	11x 3			
CITY (If outside corporate limits, write RURAL LI OR and give, pearest town) TOWN Bethesda	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Mascot						
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center	HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center, NIH			STREET (If rural give location)  Route 1			
3. NAME OF (First) (Middle DECEASED: (Type or Print) Leon Cromwell	Hargis	(Last)	4. DATE (Month) OF DEATH: Jul	()			
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVOR (Specify): Marri	ced, s. DATE ded Jan.	of BIRTH: 8, 1922	9. AGE last birthday Mor Mor	nths Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic Auto Se	USTRY:	Tenn.	(State or foreign country)	12. CITIZEN OF WHAT			
13. FATHER'S NAME:		14. MOTHER'S M	AIDEN NAME:				
Chalie Hargis		Bessie We	ebster				
(Yes, no, or unk.) (If Yes, give war or dates	S. WAS DECEASED EVER IN U.S. ARMED FORCES: IS. SOCIAL SECURITY NO. 17, INFORMANT & ADDRESS: Yes, no. or upk.) (If Yes, give war or dates						
18. MEDIC I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	ION		INTERVAL BETWEEN			
IMMEDIATE CAUSE (A)	Respirat	ory failure					
ANTECEDENT CALLER (S) DUE TO							
DISEASES OR CONDITIONS. IF ANY. (B) Carcinoma of testicle with massive							
STATING UNDERLYING CAUSE LAST. Metastases to lungs, brain,							
(C) Editerial glands, abdominal nodes							
TO THE DEATH BUT NOT RELATED TO THE							
DISEASE OR CONDITION CAUSING DEATH	OF OPERATIO	V					
A CONTRACTOR OF THE CONTRACTOR				20. AUTOPSY7			
July 7, 1955 Metastatic tumor, rt. parietal region; VEST NO CALL REGION (County)  21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County)  31F EITHER, NOTIFY MEDICAL EXAMINER)  OF INJURY street, office bldg., etc. INJURY OCCUR?							
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work							
22. I hereby certify that I attended the deceased from 7-4-55, 19, to 7-18-55, 19, that I last saw the deceased alive on July 18, and that death occurred at 9:15 PM, from the causes and on the date stated above.  ADDRESS  DATE SIGNED							
Garle 6. Wella	М	. D. The Clinic	cal Center, NIH	7/19/55			
REMOVAL (SPECIEV)	IAME OF CEMET	ERY OR CREMATOR	Y LOGATION (City, t	town, or county) (State)			
Burio 7-22-55 ?			Knowille	, lenn.			
REGISTRAR  1. W. J. J. Berrie M. E.	Thompson	Deal Fu	veril Home	48/2 Harraia an. N.			

DECENTED

101 SE 1955

BUREAU V. S.

Supply every item of information carefully.

INK.

UNFADING

AINLY, WITH

WRIT

OR

TYPE

PLEASE

VS. A15

M

MARGIN RESERVED FOR BINDING

Reg. Dist. No. 2/

	. 000% CERTIFICATE OF	Reg. Dist. No.
rly and legibly.	1. PLACE OF DEATH:  COUNTY ON A MARYLAND  CITY (If outside corporate limits, write RURAL OR and give neares town)  HOSPITAL OR STATE OR INSTITUTION OR A A	STATE MARY CAN COUNTY MON GOMERY CITY (If outside corporate limits, write RURAL and give nearest town) OR FOWN Belles CAN STREET (If rural give location)
write the causes of death clearly	3. NAME OF (First) (Middle) (Last)  DECEASED: (Type or Print) Edwin Rea Harkness  5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify): Matric Annual Real Widowed DIVORCED) (Specify): Matric Annual Real Real Real Real Real Real Real Re	4. DATE (Month) (Day) (Year)
Physicians: please w	585X	cooline failure  tanha
Illy important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	LIC. WHERE DID (City or town) (County) (State)
	22. I hereby certify that I attended the deceased from 7	
correct a	alive on	Peoria Co. Illinois  FUNERAL DIRECTOR ADDRESS

012-7847 Caughter. TE. 6-1607

1111 SS 1955

DECEINED.

COUNTY Montg.

(Day)

of undar, I year III under 24 hr

COUNTRY?

Months. | Days | Hours | Min 12. CITIZEN OF WHAT

(Year)

1957

STATE DEPARTMENT OF HEALT

(Month)

CERTIFICATE OF DEATH Reg. Dist. No ..... 2. USUAL RESIDENCE (HOME) OF DECEASED County STATE Maryland MARYLAND LENGTH OF STAY CITY (If ontside corporate limits, write RURAL and give nearest town) CITY (If outside corporate fimits, write RURAL and 56 TOWN give nearest town) (in this place) TOWN HOSPITAL OR STREET ADDRESS INSTITUTION OR STREET ADDRESS 4. DATE 3. NAME OF (First) (Middle) (Last) DECEASED MAY DEATH (Type or Print) 9. AGE last hathday COLOR OR R 7. SINGLE, MARRIED. 8. DATE OF BIRTH 5. SEX

WIDOWED, DIVORCED, (Specify) WI COWE C 10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR done during most of working life, eyen if retired) INDUSTRY

retired homemaker -- own home 13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

16. Spcial Security No. (Yes, no, or unknown) | (If year, give war or dates of one service)

1). BIRTHPLACE (State or foreign country) 14. MOTHER'S MAIDEN

17. INFORMANT AND ADDRESS INTERVAL BETWEE ONSET AND DEATE

18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

> Immediate cause Antecedent cause(s)

SIGNATURE

(Degree or title)

Diseases or conditions, if any, (b).. giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? No [ Yes

(STATE)

DATE SIGNED

(State)

(COUNTY)

(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) 21. ACCIDENT SUICIDE INJURY HOMICIDE INJURY OCCURRED TIME (Month) (Day) (Year) While at Not While Work At work INJURY

HOW DID INJURY OCCUR?

(CITY OR TOWN)

1905 to July 3D1900, that I last saw the deceased 22. I hereby certify that I attended the deceased from ... , and that death occurred at 4,26-0 m., from the causes and on the date stated above.

23. BURIAL, CREMATION BEMOVAL (Specify) DATE DATE REC'D BY LOCAL

NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery

ADDRESS

24. FUNERAL DIRECTOR

Washington

you Silver Spring.

LOCATION (City, town, or county)

BINDING RESERVED FOR MARGIN

BUREAU V. S.

Bethesda, Md.

REGISTRAR

# BUREAU V. L.

SS61 8 5 N

BECEINED

MARGIN RESERVED FOR BINDING

53
1
10
1
10
A1
i
>

	MARYLAND STATE DEPARTMENT OF H	IEALTH—BALTIMORE. 18	16836			
7. The	6778 CERTIFICATE OF		973-			
ally.	1. PLACE OF DEATH:   2. USUA	AL RESIDENCE HOME) OF DECEASED:				
carefully legibly.	COUNTY MONT COMERY MARYLAND STAT	E MID COUNTY 12				
	OR and give nearest town) (in this place) OR	If outside corporate limits, write RURAL and	give nearest town)			
ation and	HOSPITAL OR STRE	mu a a	Frace			
incormation	STREET ADDRESS EVBATIDE SANIT ADDR					
of	3. NAME OF (First) DECEASED: (Type or Print)  MARY FLLEN  (Last)  HEAL	4. DATE (Month) (Da OF DEATH: Y-	y) (Year) 19			
ite	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH WIDOWED, DIVORCED, (Specify): Con ale	9-74 8 / yrs. Months Day	Hours Min.			
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	MPLACE (State or Idreign country): 12, C	TIZEN OF WHAT			
pply the	13. FATHER'S NAME: 14. MOT	m B. made	2			
. '1	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY NO. 17. INFO	DRMANT & ADDRESS	,			
Prop.	(Yes, no, or unk.) (If Yes, give war or dates)	osp. Record	2.			
C 0	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN			
DIN :	1150.0		ONSET AND DEATH			
	IMMEDIATE CAUSE (A) Kenal marffice	rency	O 3days			
UNFA	ANTECEDENT CAUSE (S: DUE TO					
5	GIVING RISE TO THE ABOVE CAUSE  DUE TO  DUE TO	er is well of the				
-	STATING UNDERLYING CAUSE LAST. (C) Seruhite					
AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
VLY	DISEASE OR CONDITION CAUSING DEATH.					
PLAINL	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
TE PL ecially		WHERE DID (City or town) (County) RY OCCUR?				
WRI		OW DID INJURY OCCUR?				
OR e is	22. I hereby certify that I attended the deceased from 1955, to July 1955, that I last saw the deceased					
PE 0	(b) of (C)					
TY	SIGNATURE DATE SIGNED					
SE		EMATORY LOCATION (City, Jown, or o	ounty) (Stage)			
PLEASE	Burnel 7-11-11+ Mr. Ern	n Havre de	Trace			
ρ	REGISTRAD 955 CONTROL 24. FL	1. T. Ruan Unc-3	17 rallez			
C		· · · · · · · · · · · · · · · · · · ·	ASIT.DC			

BUREAU V. S.

SS6I II III

DEVISOR

The	685 MARYLAND STATE DEPARTMEN		6837			
	Ttem 7. Film 184 7-25-55 et CERTIFICATI	E OF DEATH Reg. Dist. N	10. 214			
ly.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
carefull legibly.	COUNTY MONTGOMERY MARYLAND	STATE CIST 9 GOONEY 4	7x-3			
d le	CITY (If outside corporate limits write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and	give nearest town)			
information carefully.	HOSPITAL OR	TOWN Hashington				
	INSTITUTION OR	STREET (If rural give location)	20 201			
of clear	3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day	1. 77.			
em of i	DECEASED:	OF OF				
item of dez	5. SEX:   6. COLOR OR   7 SINGLE, MARRIED.   8. DATE		5 1955 R IF UNDER 24 HRS.			
	RACE: WIDOWED, DIVORCED. (Specify): Married DAC	26-1877 77 yrs. Months Days	Hours Min.			
NG every causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12. CIT	TIZEN OF WHAT			
	Davis Wick & Rosengartenson to of Building	- Va				
Supply te the c	13. FATHER'S NAME!	14. MOTHER'S MAIDEN NAME:				
K. Su write	18. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. BOCIAL SECURITY NO.	IT. INFORMANT & ADDRESS:				
	(Yes, no, or unk.) (If Yes, give war or dates of service)	1/400 10000	Sc.			
03	18. MEDICAL CERTIFICAT		TERVAL BETWEEN			
ADING S: ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	oi oi	NSET AND DEATH			
KESERVED UNFADING sicians: ple	IMMEDIATE CAUSE (A) ACUT	E MYOCARPITIS				
IN KESER TH UNFAI Physicians:	ANTECEDENT CAUSE (8)	30				
h-	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  DUE TO	C PROSTATILIS				
9 =	STATING UNDERLYING CAUSE LAST. (C) CHRO	ONIC UVOCHRDITIS				
MAR AINLY, W important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	The part of the pa				
LY	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	16174				
M PLAINLY lly import	194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO		20. AUTOPSY?			
	0		YES NO			
est.	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OF CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ttory. 21c. WHERE DID (City or town) (County), etc. INJURY OCCUR?	(State)			
20	OF INJURY  Nonce  M.   21E INJURY OCCURRED  While Not while at work   at work	D 21F. HOW DID INJURY OCCUR?				
E OR	22. I hereby certify that I attended the deceased from MAY 7, 1955, to July 151955, that I last saw the deceased					
0	alive on July 15, 1955, and that death occurred at	,				
SE TYPE	SIGNATURE		SIGNED			
	23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMET	ERY OR CREMATORY   LOCATION (City, town, or co	punty) (State)			
PLEASE	REMOVAL (SPECIFY) 7-19-55 South	verliber Prince Seo	md			
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1953	The MARKEN CO 1100 1911	ADDRESS W.			

## BUREAU V. E.

1921 TO 70.

DEALENED

M		tation carefully. The correct learly and legibly.	
	IARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull age is especially important. Physicians: please write the causes of death clearly and leg	
	MARGIN RESERV	VITH UNFADING INK.	
I		E WRITE PLAINLY, V	1
VS. A15A - 5 - 53		PLEASE WRI	

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06878 Reg. Dist. No. 2/6

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	7

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Mentgonery MARYLAND	STATE NC COUNTY
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  CITY (If outside corporate limits, write RURAL (in this place)  OR and give nearest town)  One of the corporate limits, write RURAL (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN TOWN TOWN TOWN
HOSPITAL OR FINSTITUTION OR FIREET ADDRESS FIREET ADDRESS	STREET (If rural, give location)
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Charles S. He	Alan   4. DATE (Month) (Day) (Year) OF DEATH July 2 1955
Male White Specify: Married 12-	OF BIRTH: 9. AGE last birthday: htt under I year   IP under 24 hrs.  24 - 1910   yrs. Months Days Hours   Min.
10s. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Car Lot Attn	North Carolina Country?
Henry H. Heflin	14. MOTHER'S MAIDEN NAME: Mary Fuller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of NO Yes.	17. INFORMANT & ADDRESS: Hazel H. Dodson, siste 815 Mary St. Durham, No. Carolina
	AL CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause (a) Maphyria	Budden
Antecedent cause(s)	diarh
Diseases or conditions, if any, (b)	
stating underlying cruse last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No ☑
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	
OF While at Not while INJURY 7-2.52 A M. While at work ■	
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy [], Inspection [], Inquiry [], and
	dent [], Suicide [], Homicide [], Undetermined cause []
SIGNATURE Trand & Brosehast	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETER Cremation 7-3-55 Cedar Hill	RY OR CREMATORY LOCATION (City, town, or county) (State)  Suitland, Marylan d.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. UNERAL DECTOR ADDRESS
REG. 7/4/55 Beasie M. Lampson	When Minghra Bethesda, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE

I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Montgomery COUNTY MARYLAND CITY (If outside corporate limits write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR TOWN OR and give nearest town)
TOWN Pethesda R Midway Island days STREET (If rural, give location) HOSPITAL OR INSTITUTION OR STREET ADDRESS ADDRESS 59 Norris Drive S. Naval (First) (Middle) (Last) 4. DATE 3. NAME OF DECEASED: (Month) (Day) (Year) בותיו די תיתי DEATH 19 55 (Type or Print) William Carol July 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS. 5. SEX: 6. COLOR OR WIDOWED, DIVORCED. RACE: Months Days (Specify) Married 9-29-26 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, INDUSTRY: COUNTRY? even if retired): Mariner South Carolina Marines 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: EPharm HEWITT Ora BASS 15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of Wife Wilhelmina HEWITT 39 Norris Dr. Midway Island, Quantico, Va. Yes Unknown 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Immediate cause Traumatic subdural hematoma with cerebral DUE TO contusions and edema Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes [] No [

RITE PLAIN is especially We W SE

PLAINLY, WITH pecially important.

21a. EXTERNAL CAUSE WAS

DATE REC'D BY LOCAL

information death clearly

every

ADING

ARGIN RESERVED FOR BINDING

PRIMARY or CONTRIBUTING CAUSE OF DEATH. OF street, office bldg., etc., INJURY washington 21d. TIME (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED Not while While at at work work [

22. I hereby certify that I took charge of the remains described above, held an Autopsy [2], Inspection [ ], Inquiry [ ], and

find that death resulted from: Natural causes | Accident | Suicide | Homicide | Undetermined cause | Accident | CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. DATE SIGNED SIGNATURE

21b. PLACE (Home, farm, factory,

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify): 728-55 Bethel Cemetery burial transit

REGISTRAR'S SIGNATURE

LOCATION (City, town, or county)

(County)

(State)

1/4

ADDRESS

Charleston, S.E. 24. FUNERAL DIRECTOR

Y Funeral Home,

<del>isconsin Avenue, Bothésda, Maryland</del>

21f. HOW DID (NJURY

reference address remaining from bothe environment

NUEVA K Z.

BECEINED

VS.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
COUNTY Montgomery MARYLAND	state Maryland county Bal	timore
CITY (If outside corporate limits, write RURAL OR and give nearest town) Olney	CITY(If outside corporate limits, write RURAI OR Baltimore	3Vol-4
HOSPITAL OR The Montgomery County	STREET (If rural give location	
13 STREET ADDRESS General Hospital, Inc.	1617 West Landvale	Street
	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Allied nov	varu   DEATH: July	1 1955
male   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE   WIDOWED. DIVORCED.   (Specify): Widowed   4/30	9. AGE iast birthday Funder Months yrs.	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer  OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 11:  Maryland	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Greenberry Howard	Mary Prettyman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital Records	
HHGX IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  DUE TO  DUE TO	prephiles	Joday.
STATING UNDERLYING CAUSE LAST. (C) artery	Salerones	years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		0
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
000		YES NO
21A. ACCIDENT WAS UNDERLYING \( \) R CONTRIBUTING \( \) CAUSE OF DEATH OF INJURY street, office bldg., IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Coretc. INJURY OCCUR?	unty) (State)
21p. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/2	4, 1955, to 7/1/, 1955, that I la	st saw the deceased
alive on 7/1/ 1955, and that death occurred at	ADDRESS D	e stated above.
WIII La . 1	.D. Janes Khy	/// ) ]
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town,	1
	ery or creviatory Cocation (City, town,  Surge Sangly Shr  24. Juneral Director	1

BUREAU V. S.

361 8 JNC

BECEINED

20. AUTOPSY? NO (State) 14, 1955, that I last saw the deceased

(Day)

Days

112.

(County)

(Year)

IF UNDER 24 HRE

Hours I

COUNTRY?

CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

WRITE .83 OR TYPE SE

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

2. and that death occurred at 11:00 p.M. from the causes and on the date stated above. SIGN TUBE DATE SIGNED LOCATION (City, town or county) CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL. REMOVAL (SPECIFY) ADDRESS BY LOCAL

21E INJURY OCCURRED

Not while

at work

While

22. I hereby certify that I attended the deceased from

at work

INJURY OCCUR?

22, 1955,

21F. HOW DID INJURY OCCUR?

BUREAU V. S.

AUG 2 1955

BECEINED

The free from the state of the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No.
---------	------------	-------------	----	-------	-----

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Montgomery MARYLAND	STATE Maryland county Montgo	ome rv
CITY (If outside corporate limits, write RURAL OR and give nearest town)  Clarksburg		
HOSPITAL OR INSTITUTION OR STREET ADDRESS  LOWARD AVENUE	STREET (If rural, give location) ADDRESS Edward Avenue	1
	(Last) 4. DATE (Month) (Day OF DEATH July 15	(Year) 19 55
Male White Widowed, Divorced, Au	TE OF BIRTH: 9. AGE last birthday: IF UNDER I Y g. 25, 1899 55 yrs. 100ths Day	Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer 10b. KIND OF BUSINESS INDUSTRY:	OR   11. BIRTHPLACE (State or foreign country):   12.   Maryland	CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  16. Social Security No.: 219-03-6211	Son, Clarksburg, Md.	oward
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	Peclusian	INTERVAL BETWEEN ONSET AND DEATH Oucloler
Diseases or conditions, if any, (b)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
21s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., e CAUSE OF DEATH.	tc.,	(State)
21d. TIME (Month) (Day) (Year) (Hour)   2Ie. INJURY OCCURRED While at Not while injury	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described that death resulted from Network sources (7)	cident [], Suicide [], Homicide [], Undeter	mined cause  DATE SIGNED
Signature Mant & Broschart	M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	7-15-55
23. BURIAL, CREATION, DATE THEREOF NAME OF CEMET	m. d. Assistant Medical Examiner assistant Medical Exam.  ERY OR CREMATORY   Location (City, town, or colle, Maryland Montgomery Co.)  24. FUNERAL DIRECTOR	

VS. A15A - 5 - 53 PLEASE

M

MARGIN RESERVED FOR BINDING

BUREAU V. S.

SS6I ZZ JUL

BECEINED

Lumphieg Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	E, 18
6861 CERTIFICATE OF DEATH	eg. Dist. No. 2/6
I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF D	ECEASED:
COUNTY MORTO MARYLAND STATE OF GOUNTY  CITY (If outside corporate limits, write AURAL LENGTH OF STAY CITY(If outside opporate limits, write I OR and give nearest town) (in this place)  OR and give nearest town) (in this place)	
Krown Chery Chase Bays 8 years, rown Chery Chase	108. X
13 STREET ADDRESS Subwhaw Hospital STREET ADDRESS 4300 Willow	Saue
3. NAME OF (First) (Middle) (Last) 4. DATE (Month DECEASED: (Type or Print) William Johnston Howard DEATH:	h) (Day) (Year) 1-31 1955
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE OF BIRTH:   9. AGE last birthday   IF	Inths Days Hours Mir
OA. USUAL OCCUPATION (Give kind of No. KIND OF BUSINESS Work done during most of working life. even if retired):	y): 12. CITIZEN OF WHA
13. FATHER'S NAME:	/
William Bakenell Howard Elizabeth John	36n
(Yes, no, or unk.) (If Yes, give war or dates of service) (Light Security No.) (15. Social Security No.)	spe-Brown
18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWE
11.12.4	ONSET AND DEA
IMMEDIATE CAUSE (A) Carabral Thrombons	4 slay
ANTECEDENT CAUSE (S)	-
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  DUE TO	Lawrence 37
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	Marie Marie
DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. 21C. WHERE DID (City or town) OF INJURY street, office bldg., etc. 1NJURY OCCUR?	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 27 1955, to July 3, 1955, the	at I last saw the deceas
alive on suly 30, 1955, and that death occurred a 3.15 AM, from the causes and on the SIGNATURES	A. /
23. BURIAL CREMATION, DATE THEREOF   NAME OF CEMETERY OR CREMATION   LOCATION (City)	WW. Waland
REMOVAL (SPECIFY)	, Virginia
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS

are M. Thompson Roberta.

VS. A15

Burial DATE REC'D BY LOCAL REGISTRAR 8/2/55

BUREAU V. &

9961 8 971

BECEINED

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 2/3

10	00	MINDICIRE DIRECTION OF CHIL	THICHIE OF DEATH	NO. **.
-	9	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
/	The	COUNTY MORTGOMERY MARYLAND	STATE Maryland COUNTY Montgom	ierv
•	carefully. The and legibly.	CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Silver Spring	
AR	r and	HOSPITAL OR INSTITUTION OR CONQUESSIONAL Aurbort	STREET (If rural, give location) ADDRESS 2214 Washington Avenue	
181	ion	3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day)	(Year)
-	mat	DECEASED: (Type or Print) W. Raymond HU	JGHES DEATH July 26,	19 55
	f information death clearly	5. SEX:   6. COLOR OR   7. SINGLE. MARRIED,   8. DATE   WIDOWED, DIVORCED,   Oct.	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y. Months 12, 1905 49 yrs.	
NG	of o	10a. USUAL OCCUPATION (Give kind of work life, even if retired): Printer   10b. KIND OF BUSINESS OF INDUSTRY: Wash. Eve. Star	R   11. B1RTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT COUNTRY? USA
DII	item	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BINDING	cau	Clare R. Hughes	Mary Robe	
FOR B	oly every item the causes	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS: Mary W. Hughes - Same as Item	#2
	Suppl		AL CERTIFICATION	
RESERVED		I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	(	INTERVAL BETWEEN ONSET AND DEATH
RV	INK.	Immediate cause (8) Caronary	Orderson	Dudalu
S	ple	Immediate cause (a) DUE TO		and the second
RE	UNFADING Physicians: p	Antecedent cause(s)		
	DI	Diseases or conditions, if any, (b)		
GI	FA	stating underlying cause last		
MARGIN	Phy	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
M	) H	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
V.	計量	19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
1	WI			Yes No 🗹
/	WRITE PLAINLY, WITH ge is especially important.	PRIMARY Or CONTRIBUTING OF Street, office bidg., etc. 1NJURY	(County)	(State)
	LAIN	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not wbile INJURY M. work at work	21f. HOW DID INJURY OCCUR?	
	P	22. I hereby certify that I took charge of the remains describ		
	HE S	find that death resulted from: Natural causes 🖼, Accid		
00	WRI ge is	Signature Jan D. Broschart	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	7-26-55
- 6 - 4	PLEASE	Burial, CREMATION, Date THEREOF NAME OF CEMETER 7/28/1955   Cedar Hill	Prince George Ma	aryland
701	E	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE,	14 FUNERAL DIRECTOR	ADDRESS
d	P	1/27/55 Laurell N. Keaglorp	Monday. Betnes	sda, Md.
ń				

And Andrews and An

BUREAU V. A.

9961 88. 7nr

MECENVELL

The reper courtestr

Lauren.

Supply every item of information carefi

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

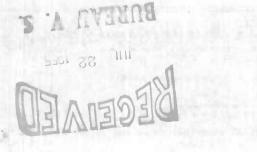
CERTIFICATI	E OF DEATH Reg. Dist. No. 215
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery  CITY (If outside corporate limits, write RURAL or and give nearest town)  Y TOWN  MARYLAND  LENGTH OF STAY (in this place) 3 Mo 27 Day	STATE COUNTY Washington, D.C.  CITY(If outside corporate limits, write RURAL and give nearest town or town District of Columbia // 7 / 3
HOSPITAL OR Bethesda, Md.  NSTREET ADDRESS U.S. Naval Hospital,	STREET (If rural give location) Sheraton Park Hotel, Room 400G
DECEASED:	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: July 23 1955
RACE: WIDOWED, DIVORCED,	9. AGE last birthday   IF UNDER 1 YEAR   Hours   Mi
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirit). Government State Department	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH COUNTRY?  Tennessee  US
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William HULL	Elizabeth RILEY
Yes no, or unk.) (If Yes, give war, or dates of service) WW I Unknown	Mrs. Katherine ETHRIDGE (Neice) Same as item 2
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  1 H 43 X  IMMEDIATE CAUSE  (A)	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  9A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION	Jenning Carlinascula Joya Jisease Joya Joseph Joya Julia mellitus Joya 10 Mars No Carlinascula Joya 10
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  9A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., IF EITHER, NOTIFY MEDICAL EXAMINER)  1D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	Cardionascula De A  Piccase Doy  Cory, 21c. WHERE DID (City or town) (County) (State)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  9A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  11A. ACCIDENT WAS UNDERLYING OPERATION	Carlinascula Discascula Discascul
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  9A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  PROONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bldg., IF EITHER, NOTIFY MEDICAL EXAMINER)  1D. TIME (Month) (Day) (Year) (Hour) While Not while at work  21 hereby certify that I attended the deceased from 26 Major of 23 Major 1955 , and that death occurred at J. W. FLYNN LT MC USN U. S. Naval Hospitalm	County County (County)  Cory, 21c. WHERE DID (City or town)  Cory, 1NJURY OCCUR?  Cory, 1NJURY OCCUR?  County (County)  County (State)  County (State)  County (State)  County (County)  County (State)  County (County)  County (State)  County (County)  County (Co

BUREAU VI

Ξ,

	P
5)	TIME
	4
10 - 53	-
1	2
A18	
	-

			STATE	DEPARTM	MENT	OF HEALTI	H—BALTIN	IORE,	18 ()	6846
	686	3	CER	RTIFICA	TE	OF DEA'	ГH	Reg.	Dist. No.	217
1. PLACE	OF DEATH:				1 2	. USUAL RESID	ENCE (HOME)	OF DECE	ASED:	
COUNTY	Mon	ntgomery	N	MARYLAND		STATE Mar	yland cou	JNTY MO	ntgom	ery
CITY (	If outside cor	porate limits, wi	ite RURAL	LENGTH OF S	STAY		corporate limits,			
TOWN	Olr			22 day			kville			26
	TION OR ADDRESS	Montgome	ery Cou	inty		STREET ADDRESS	(If rur	al give loca	ition)	1
		General					or Club	()(		
3. NAME O		(First)	(Mide	dle)	(La		4. DATE OF	(Month)	(Day)	(Year)
(Type or 5. SEX:		Don DR OR   7. SIN	H. HARRI	IFD 18 I		tchison	9. AGE last birth	July	17	19 5
Male	Whit	· WIE	owed, DIVeify) Mari	ORCED.		1/1894		Month		Hours M
OA. USUAL	OCCUPATIO	ON (Give kind of	10B. KIND	OF BUSINES	SS I	1. BIRTHPLACE	State or foreign	country):	12. CITIZ	ZEN OF W
work don even if r	etired):	t of working life,  K Attorne	OR I	NDUSTRY:		Towa			II S	NTRY?
13. FATHER	'S NAME:	Z ACCOUNT	sy & ACC	ouncant		4. MOTHER'S M	AIDEN NAME:		0.0	. A .
Joh	in R. F	Hutchison	1			Jessie P	anie			
15. WAS DECEA	BED EVER IN	U.S. ARMED FORCE	ES?   16. SOC	HAL SECURITY N	10.	7. INFORMANT				
(Yes, no, or	unk.) (If Yes of serv	s, give war or da ice)	Unkr	nown		Hospital	Record			
ANTEC	MEDIATE C		(A) DUE TO  (B) DUE TO	Sone	ne	mod	pt Pel	ati	6	y mrs
TO THE	DEATH BUT	T CONDITIONS NOT RELATED ITION CAUSIN	TO THE	JTING L	•		232			
	FOPERATION 1954			MA OPER	ATION HP	late, Milh	involon	etas	20 XE	AUTOPS
OR CONTRIB	UTING CA	NDERLYING [] AUSE OF DEATH AL EXAMINER)	OF INJUR	Y street, office	bldg., etc	21c. WHERE I	OID (City or to R?	wn)	County)	(State)
21D. TIME ( OF INJURY	Month) (Day	y) (Year) (Hou		NJURY OCCU Not white at work	IRRED	21F. HOW DID	INJURY OCCUP	₹7	A STATE OF	
22. I hereb	y certify t	that I attende	d the decer	ased from 6	1221	, 1955, to ./	//7/, 195	f, that I	last saw	the decea
alive of	7/16/ JRE/ X	1955	and that	death occurre		43a M, from the ADDRES		-		d above.
23. BURIAL REMOV Buria	AL (SPECIFY	July 1	9, 1955	Parklaw		or CREMATORY				ty) (Si Marylar
	D BY LOC	S SON	AR'S SIGN	Lowl		LAMOY. CO	Pumble	IOUL SE	ilver S	Spring,



The

carefully.

Supply every item of information

UNFADING INK.

TYPE OR WRITE PLAINLY, WITH

PLEASE

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18	0684
----------	-------	------------	----	---------	------------	----	------

6779 CERTIFICATE OF DEATH Reg. Dist. No. 223

8434 Ga. ANDRESS

Kky, Silver Spring, Md.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and rive neares town)
OR and rive nearest town) (in this place)	OR C.1
17 TOWN lakoma Park 6 days	Town Silver Spring 56
HOSPITAL OR Washington Sanitarium +	STREET (If rural give location)
The expect approach at a second	
10 STREET ADDRESS Hospital	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Theresa Jarah Iru	Nin DEATH: 7 - 5 - 1955
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
RACE: WIDOWED, DIVORCED, (Specify):	- 7-01 53 yrs. Months Days Hours Min.
Female White (Specify): married 10-	
work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
even if retired): HSulc Own home	01-2-
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
	0 61
trank Vernon	kose flecknoe
15. WAS DECEASED EVER IN U.S. ARMED FORCEO? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates none	Hospital Record
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
581.0 H= 24	1. /
IMMEDIATE CAUSE (A) HEPA	tic COMA, terMINAL 3 days
ANTECEDENT CAUSE (S)	
DISEASES OF CONDITIONS IF ANY	tic COMA, termiNAl 3 days
GIVING RISE TO THE ABOVE CAUSE DUE TO	osis os wiver, sewall years
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	N.
198. DATE OF OFERATION. 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
	YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	, etc. INJURY OCCUR?
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	D   21F. HOW DID INJURY OCCUR?
M. at work at work	
22 I havely sartify that I attended the deserred from Tiel	4 , 1953, to July 5 , 1955, that I last saw the deceased
alive on July 5, 1955, and that death occurred at	6.554M, from the causes and on the date stated above.
SIGNATURE	ADDRESS / CU: // DATE SIGNED
Tena De Valante de	1. D. Silver Soving Md 7-5-55
	ERY OR CREMATORY (COCATION TONy, town, or county) (State)
REMOVAL (SPECIFY)	
Rimial 7/8/55   Idiklawii Ot	and a company of the

7/8/55

BY LOCAL

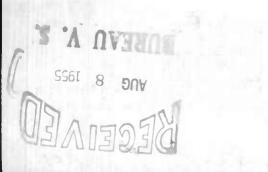
REGISTRAR'S SIGNATURE

BECEINED

9 1055

BUREAU V. S.

THE RESERVE OF STREET AND STREET OF STREET



6780 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No 2/
MALANA LOLLAN	AAARAAAAAA TAAAA N	CIMILITATION	OI.	THE TAXABLE	10

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Denisonery MARYLAND	STATE DA KILLAND COUNTY DONL	9 ameri
CITY (If outside corporate limits write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and	
70R and give nearest thun) (in this place)	TOWN S: VER SOVING	56
HOSPITAL OR INSTITUTION OR A	STREET (If rura, give location)	1
STREET ADDRESS /25 h. Janilarism & Los Dila	S Tewari wahe	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	y) (Year)
(Type or Print) year ge Tresion	ACKSON DEATH 7 - 10	9 1955
5. SEX: 6. COLOR OR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, 8. DATE	E OF BIRTH: 9. AGE last birthday: IF UNDER 1	
Male Chered (Specify): Pent 12-	-27-20 27. yrs.	
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, INDUSTRY:	R 11/ BIRTHPLACE (State or foreign country): 12	CITIZEN OF WHAT
even if retired)! Butcher -	I /n d.	U.S.G
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
David Jackson	Louise matthews	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, 10, or unk.) (11 des, give war or dates of	17. INFORMANT & ADDRESS:	
service) -	Hospital Records	
18. MEDIC.	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Clickful hun	umhage	
DUE TO		39 h.s.
Antecedent cause(s)  Diseases or conditions, if any, (b) Multiple	acline of skull	1.00
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO		
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	a Rr auble	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
		Yes No
DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS OF PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. INJURY		(State)
CAUSE OF DEATH. INJURY PARTIES.	R 196 Mr Burtonwelle Monty	ne
OF While at Not while INJURY M. work □ st work □	Passega in ante acco	colont
OF M. While at work   22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes . Accident		
	dent 🔼, Suicide 🗌, Homicide 🔲, Undete	
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
heut & Brosefront	M. D. ASSISTANT MEDICAL EXAM.	1-19.55
23. BURIAL, CREMATION DATE THEREOF NAME OF CHMETER	RY OF CREMATORY LOCATION (City, town, or co	ounty) (State)
1/ Jurial Julian 1/00 College	Meny, loog 100	Me
DATE REC'D BY LOCAL REGISTRAR SIGNATURE	24. FUNERAL DIRECTOR	APDRESS
1-2000 Thances totles	1) or or of Anounce of	Maria

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

M

VS. A15A - 5 - 53

BUREAU V.

10L 26 1955

DEATER

Bethesda, Md.

BINDING

MARGIN RESERVED

1. PLACE OF DEATH: STATE Maryland COUNTY Montgomery MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY and give nearest town) (in this place) TOWN Kensington TOWN Kensington HOSPITAL OR STREET INSTITUTION OR ADDRESS STREET ADDRESS 10325 Summit Avenue (First) (Middle) 3. NAME OF (Last) DATE (Month) DECEASED **JOHNSON** (Type or Print) George DEATH: July 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: RACE: WIDOWED, DIVORCED (Specify) Married Feb. 79 1876 VYR. IOA. USUAL OCCUPATION (Give kind of KIND OF BUSINESS work done during most of working life, OR INDUSTRY: even if retired): Carpenter Self-employed Buck Lodge, Md. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME Thomas Johnson Katherine Stewart 17. INFORMANT & ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO. (Yes. no. or unk.) (If Yes. give war or dates 212-12-7898 of service) No I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 218. PLACE (Home, farm, factory, 21A. ACCIDENT WAS UNDERLYING [ 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? Not while OF INJURY at work at work alive on SIGNATURE SE 23. BURIAL, CREMATION DATE NAME OF CEMETERY OR CREMATORY 4 国

2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Montgomery CITY(If outside corporate limits, write RURAL and give nearest town) (If rural give location) 10325 Summit Avenue (Day) (Year) 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS. Days Months | Hours 11. BIRTHPLACE (State or foreign country): 112. CITIZEN OF COUNTRY USA Mrs. Alta Johnson-Same Item #2 INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES [ (County) (State) 22. I hereby certify that I attended the deceased from Dec. 19, 1957, to July 7, 1957 that I last saw the deceased 19.52, and that death occurred at at M, from the causes and on the date stated above. DATE SIGNED M. D. 3935 Balto, St. Kens, Md. LOCATION (City, town, or county) (State) Forest Glen, Montg. Md. St. John's FUNERAL DIRECTOR DATE REC'D BY LOCAL SIGNATURE

MARGIN RESERVED FOR BINDING

married Feb. 21, Level - 75

Compensor soff-employed twee today, the

BUREAU K.

Boreat Glan, Monte, Aid.

318-13-7635 f.f. mg. Alta Jourson-on na item wil

A STATE OF THE SERVICE OF THE SERVIC

A15-10.53

in absorted and



BUREAU V. S.

PLEASE TYPE

A15 - 10

VS.

MARGIN RESERVED FOR BINDING

## maryland state department of health—baltimore, 18 06852

6867 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF	DECEASED:
county Montgomery Marylan	state Maryland county	Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town)  Now Bethesda	STAY CITY(if outside corporate limits, writ	
HOSPITAL OR Suburban Hospital	STREET (If rural gi	
3. NAME OF (First) (Middle) DECEASED: (Type or Print)  (First) (Middle) F a	(Last) 4. DATE (Mor KEATING OF DEATH:	nth) (Day) (Year) July 29 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	DATE OF BIRTH: 9. AGE last birthday 108. 11,1878 76 yrs.	Months Days Hours Min.
work done during most of working life, even if retired): Property guard	Pennsylvania	otry): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Edward T. Keating		nora Lonergan
18. WAR DECEASED EVER IN U.S. ARMED FORCEST (Yes, no. or unk.) (if Yes, give war or dates of service)  Unknown	No. 17. INFORMANT & ADDRESS: Mrs Sister- 5520 Johnson	. Thomas Quigley
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	formary bearf desiace	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.	ATION	
TSA. DATE OF OPERATION: 198. MAJOR FINDINGS OF C	ATION	YES NO P
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	m, factory, bldg., etc.   21c. WHERE DID (City or town)	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY C OF INJURY M. 21E INJURY C While Not at work at	ile —	
REMOVAL (SPECIFY)	ed at 8.15. M. from the causes and on ADDRESS  M. D. 6457 Wisconsin Aue, Bit	the date stated above.  DATE SIGNED  Thursday, 7/29/55 ty, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Sent obert a Jumphres	ADDRESS Bethesda, Md.

A 1995 E DUA BEGEINED

WAS LINGTINGS WETTER

BUREAU V. S.

		-
2		1
5		-
TOTE		1
		ĺ

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06853

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MATTA MARYLAND	STATE MA COUNTY MON	69.
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  LENGTII OF STAY (In this place)	CITY (If outside corporate limits write RURAL and OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 602 GLOST COE	STREET ADDRESS 602 GIST Cevil	. /
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Theresies	(Last) 4. DATE (Month) (Day OF DEATH 7 - /8	(Year) 19 5 1
male RACE: WIDOWED, DIVORCED, 1.1-	26 12 42/yrs. Months Da	EAR   IF UNDER 24 HRS.  LYS   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	R   11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT
13. FATHER'S NAME:	2 Sharth Cathar	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	anne as
18. MEDIC.	AL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	(	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cormany	scelusion	midden
Immediate cause (a) DUE TO		TIME TO THE PARTY OF THE PARTY
Antecedent cause(s)		
Diseases or conditions, if any, (b)		,
giving rise to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,		
19m. DATE OF OPERATION: 19m. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \( \text{No } \( \text{Q}' \)
PRIMARY Or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.	,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While at Not while INJURY M. work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes , Accid	dent ☐, Suicide ☐, Homicide ☐, Undeter	mined cause [].
SIGNATURE Janua & Broschard	M. D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	7-18-55
Burial (Pecity): 17-22-25 art. nat.		unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1735 Lances ofter	The S. N. Hines Co. 29	01-14 thst
	n. W. Washing	ton 9 S.C.

BUREAU V. E.

107 57 100

DECENTED

4	The	MARYLAND STATE DEPARTMENT		06854
/	y. 7	6781 CERTIFICATE	OF DEATH Reg. Dis	st. No. 223
1	carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	ED;
6	carefull legibly.	COUNTY MONTY MARYLAND	STATE DC . COUNTY	
		OR and give nearest town) (in this place)	CITYIIf outside corporate limits, write RURAL	and give nearest town)
	tion and	17TOWN Takoma Park 3 days	Town Washington	47X-3.
	m of information death clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location	
	nfo cle	Washington ornitiosp. 1	7049 315 ST	<i>7</i> .
		3. NAME OF (First) (Middle) (DECEASED: (Type or Print) Catharine (13abeth	0F -1	(Day) (Year)
		5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday IFONDER	19 56
		Fe Care (Specify): Nov.	6. 1881 73 yrs. Months	Days Hours Min.
	causes	10A USUAL OCCUPATION Give kind of 10B KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):  12	CITIZEN OF WHAT
SN.	cal	Horneyigher Our Home	Va.	LSA
IO	Supply te the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BIA	K. Supply write the	John 1. Acker	Mary Nett	
FOR BINDING	_	15. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
	NG INK	No of service)	Hosp Kecords	
ED	NG ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
RESERVED	ADING s: plea	541.1 Nontan	<i>*</i>	128
SE	UNF/	ANTECEDENT CAUSE (S' DUE TO	-000000	- la Misse
	6-	DISEASES OR CONDITIONS, IF ANY, (B) VENTONIELE	d dundenderlier.	
MARGIN	WITH it. Phy	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
IRC	WI nt.	(C)	material nather time	
M	Y, rta	TO THE DEATH BUT NOT RELATED TO THE	he had a contract	5-00
	AINLY, Wimportant.	DISEASE OR CONDITION CAUSING DEATH.	purmonu y exema	_ 1 6 2 M
-	1 7	2/2	U .	YES NO
1	VRITE PL especially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, facto	ory. 21c. WHERE DID (City or town) (Cou	nty) (State)
	ITE	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	
	WRITE	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
	E is	M. at work at work		
	E O age	22. I hereby cerfify that I attended the deceased from		st saw the deceased
- 53	0	alive on 7/2 7, 1933, and that death occurred at	M, from the causes and on the date	stated above.
10	TYF	A.F. This adams	17. 14. 1111	4/20/0
	SE	23. BURYAL CREMATION, DATE THEREOF   NAME OF CEMETE		or coupty) (State)

1955, and that death occurred at 1225 M, from the causes and on the date stated above.

VS. A15-10-53

BUREAU V. S.

BODY THE

Aug 2 1955

BECEINED

	correct	CERTIFICATE OF DEATH Reg. Dist.	No. 211
	001	1. PLACE OF DEATH:   2. USUAL RESIDENCE (HOME) OF DECEASED:	
	. je	Day To Go	he T
-	arefully. Th	COUNTY MONEY ON MARYLAND STATE AND COUNTY	Hongo-
-	5 60	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) OR	id give mearest toy
	石品	X TOWN wind & amoreus med TOWN what & smarons	in /x
	carefu	HOSPITAL OR STREET (If rurai give location)	1
	0	INSTITUTION OR STREET ADDRESS	
/	nation		
T	information leath clearly	3. NAME OF (Middle) (Last) 4. DATE (Month) (Day)	
1		(Type or Print) ATTE BATHERINE IS DEATH: VINY	19 5 5
	th for	5. SEX: 3. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, MORTHS DE MONTHS	
		(Specify) / / / / / / / / / / / / / / / / / / /	ys Hours Min.
	P. Of		ITIZEN OF WH
C		work done during most of working life, INDUSTRY:	COUNTRY?
BINDIN	item uses o	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	neary
Z			
BI	every	John Har light Jarnes	
24		15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of	
FOR	Supply write tl	service Crowd Kodwill Damason	cr. 1200
	up	18. MEDICAL CERTIFICATION	7 4 1 73-4
RESERVED		I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And De
RV	INK.	422,1 at all the adjustments disease	1041400
田田	IN	Immediate cause (a)	100
E	7.5	Antecedent causes (s)	V
	DIN(	Diseases or conditions, if any, (h)	
	AD icia	giving rise to the above eause stating the underlying eause last. DUE TO	
RG	F	(c)	
MARGIN	UNFADII Physician	11. OTHER SIGNIFICANT CONDITIONS	
2		Conditions contributing to the death but not related to the disease or condition causing death.	
	TE	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
	WITH ortant.		Yes No
	, d	( and the state of	TATE)
		SUICIDE OF office bldg., etc.)  HOMICIDE INJURY	
	ZA	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR?	
	Aial	OF While at Not While INJURY m. Work At Work	
	E PLAIN especially	22. I hereby certify that I attended the deceased from 22 1955, to 1955, to 1955, that I last s	saw the deceas
	E S		
	RIT		TE SIGNED
	WRITE ge is es	James V. Kerr M. W.	418,195
		23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, of cou	(State)
	SE	B. REMOVAL (Specify) V la 20155 This fatile	Lair Coll
10	LEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE   24. FUNERAL DIRECTOR	ADDRESS
AT	PLI	REGISTRAR 19/35- DODO W. Bunditto Vet W. Bables Votto	whille
	14	de la company de	Wy MV

SECENTED STATES

BUREAU V. S.

ADDRESS

Bethesda, Md.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

19	1		
	2	CERTIFICATE	OTI TOTAL POTT
			The state of the s

Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

UNFADING INK.

PLEASE TYPE OR WRITE PLAINLY

DATE REC'D BY LOCAL REGISTRAR

VS. A15

CERTIFICATE	E OF DEATH Reg. Dist	. No.
1. PLACE OF DEATH: ROCKVILL	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY MONTG 6 M OT MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL	t g c 40 r y
HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HISTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS 212 FORMERS	Lunel
3. NAME OF (First) (Middle)  DECEASED: (Type or Print)  Ruhert	(Last) 4. DATE (Month) OF DEATH: LULY	Day) (Year) 26 19.55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify):	OF, BIRTH: 9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS Days Hours   Min.
work done during most of working life, work in the result of the result	11. BIRTHPLACE (State or foreign country): 12.  Mary land  14. MOTHER'S MAIDEN NAME:	COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unk.) (If Yes, give war or dates of service)	17. INFORMANT à ADDRESS: ULE, (	wite)
18. MEDICAL CERTIFICAT  T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)		INTERVAL BETWEE ONSET AND DEAT
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	c Carcinoma	20. AUTOPSY1
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1F either, notify medical examiner)	tory, etc.   21C. WHERE DID (Clty or town) (Coun	(State)
OF INJURY	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April alive on July 26, 19.55, and that death occurred at aignoration for the first form of the second secon	ADDRESS Mill Rd A	stated above. TE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, o	. country (Dunce



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	18 0685	6
---	---------	---

6870

#### CERTIFICATE OF DEATH

Reg. Dist. No. 2/4

OUT CHILITIANIA	Keg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Montgomery	Maryland Montgomery
COUNTY MARYLAND  CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	STATE COUNTY  CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR TOWN Management Cold
HOSPITAL OR	STREET (If rural give location)
institution or street address 4507 Adrian Street	ADDRESS 4507 Adrian Street
DECEASED:	(Last)  4. DATE (Month) (Day) (Year)  OF DEATH: July 1 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS 25 . 1895 9 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, everificative) lerk Westing House	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Pennsylvania U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Kohan	Julia Havacs
15. WAR DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service)	William Kohan- Wheaton City, Md.
18. MEDICAL CERTIFICAT	TON INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A)	Laucen I hisaths.
ANTECEDENT CAUSE (S)	cauce I write.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  DUE TO	yeucer
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N Constitution
apr. 19t 55. 1 Insperable Causer of 4	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County) (State)
OF INJURY (Day) (Year) (Hour)   21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?
	mil, 1985, to 1995, 1995, that I last saw the deceased
alive on 30-17 tune, 1955, and that death occurred at SIGNATURE 4. V. Paule, n.s.	A.M. from the causes and on the date stated above.  ADDRESS  DATE SIGNED  1503 Soot How left 5.5.
	ERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR  TANCES  TOTAL  TOTA	24. FUNERAL DIRECTOR ADDRESS
1 - 3 - G TOTALLE COLOR	The transfer of the transfer o



NE A DE OFTE

MARGIN RESERVED FOR BINDING

causes

age

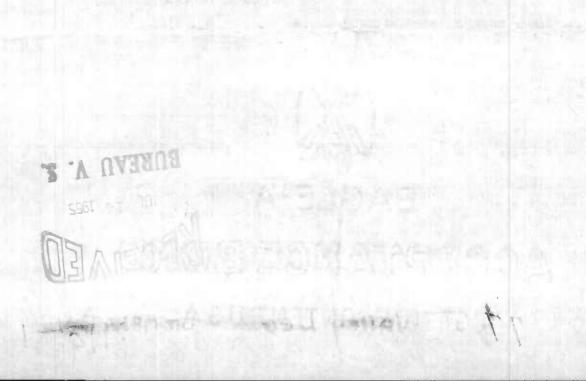
correct

REC'D BY LOCAL

The

MARYLAND ST	ATE DEPA	RTMEN'	T OF HEALT	H—BALTIMOR	RE, 18	068	50
MARYLAND ST 6871 Item 14	CERTIF	9-8-55 ICATE	OF DEA	TH	Reg. Dist	. No. 2)	
1. PLACE OF DEATH:			2. USUAL RESID	ENCE (HOME) OF	DECEASE	D:	
COUNTY Montgomery	MARYLA	ND	STATE Many	land COUNT	Y Monta	OMAZWY	
CITY (If outside corporate limits, write R OR and give nearest town)	(in the	his place)	OR	corporate limits, writ	e RURAL	and give near	est town)
HOSPITAL OR MIN TO THE TOTAL OR MIN TO THE TOT		days	TOWN Brow	OKEVILLE (If rural gi	un location)	X	
73 STREET ADDRESS Hospital, Ir		General	ADDRESS	(II tutal gi	ve location)	1	
3. NAME OF (First) DECEASED:	(Middle)	(	Last)	4. DATE (Mo	-		ear)
(Type or Print) William  5. SEX:  6. COLOR OR  7. SINGLE.	MARRIED	Lawre	or BIRTH:	DEATH: JI		-	55
RACE. WIDOWE	d. DIVORCED,	9/30/	REL	9. AGE last birthday		Days Hours	Mln.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	OR INDUSTR	SINESS Y:	11. BIRTHPLACE	(State or foreign cour	ntry):  12.	COUNTRY?	WHAT
<u> </u>			Maryland	ALTERN ALANA		U.S.A.	
13. FATHER'S NAME:		- 1		Mary Greenwe	11		
Lawren					11		
15. Was DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECU	RITY No.	17. INFORMANT				
	8. MEDICAL C	ERTIFICATI	Hospital I	tecorus		INTERVAL I	BETWEEN
DISEASES OR CONDITIONS DIRECTLY						ONSET AND	
332X IMMEDIATE CAUSE	(A) A/	Sople	xy, Ihr	am bate		144	at (
ANTECEDENT CAUSE (S)	DUE TO	U	0				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B)		A sellar				
II OTHER SIGNIFICANT CONDITIONS CO	(C)						
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING DE	THE						
19A. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF	OPERATION				20. AUT	OPSY?
21A. ACCIDENT WAS UNDERLYING 21I DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home INJURY street,	e, farm, fact, office bldg.,	ory. 21c. WHERE etc. INJURY OCCU	DID (City or town)	(Coun	ty) (S	tate)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY While Nat work at	occurred ot while work	21F. HOW DID	INJURY OCCUR?			
22. I hereby certify that I attended the		(/	V				
alive on fel, 3, 1957, and	that death oc	curred at	ADDRES	he causes and on	the date	stated abov	7e.
And Brugart			D. Smuly	Sun, R	led ;	9/4/53	
BURIAL, CREMATION, DATE THEREO	F NAME	OF CEMETE	RY OR CREMATOR	Y LOCATION (Ci	ty town or	county	(State)

FUNERAL DIRECTOR



215

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6879

### CERTIFICATE OF DEATH

	teg. Dist	. 110.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D;
COUNTY VOITGOMERY MARYLAND	STATE District of of olembia	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE District of Colormbia CITY(If outside corporate limits, write RURAL	and give non-set to-
OR and give nearest town) TOWN Bethesda Rural 3 hr. 8 min	OR TOWN Washington, D.C.	47 x = 3
HOSPITAL OR	STREET (If rural give location)	
5/ STREET ADDRESS U. S. Naval Hospital	ADDRESS 1738 Corcoran Street	, N.W. V
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (	Day) (Year)
(Type or Print) Ba by Boy I	LETHRIDGE DEATH: July	13 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. Negroid (Specify): Single 7-13-	9, AGE last birthday   IF UNDER 1	
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT
all others are no one of the contract are	Maryland	U.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME;	
William LETHRIDGE	Colleen Delores SPICER	
15. Was Deceased Ever In U.S. Armeo Forces? (Yes, no, or unk.) (If Yes, give war or dates of service)  None	Mother Colleen D. LETHRIDGE	
NO	Same as above	
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
N 44 / 11		ONSET AND DEATH
IMMEDIATE CAUSE (A) Comm	aturita	21. 0.
DUE TO	aturity.	- 374. 8 mis
ANTECEDENT CAUSE (S)	0	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATIO		
198. MAJOR FINDINGS OF OPERATIO	N .	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (Count INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	D   21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 13. July alive on 1955, and that death occurred at		
SIGNATURE SPECIAL LITE (MC) USNR.	ADDRESS DAT	TE SIGNED
R. L. S. BAIRD LTJG, MC, USN U. S. Naval N 23. BURIAL CREMATION. DATE THEREOF NAME OF CEMET	MOSPITAL, NNMC, Bethesda, Maryla	and
Burial Date thereof Woodlawn Co		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. Hayneral Director Funeral Home	
7-14-55 mary 6. tarrell	ozi riorida Ave., wasningto	DII, D.C.

mary E. Farrel

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING PLEASE TYPE OR WRITE 200 2075251 VS. A15-10-53



BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH\_RALTIMORE 18

06860 Reg. Dist.

TATAMET TOWNS	D DITTED DEL MINISTE	AT OF HIMMANAIR DIRECT	THIOTELL	, .LU	rece. miner
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 21

MARYLAND STATE DEPARTMENT OF I	1EALTH—BALTIMORE, 18 Reg. Dist.
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. 2/6
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MANT GOMEYU MARYLAND	STATE MA, COUNTY MONT.
CITY (If outside corporate limits, write RORAL OR and give nearest town)  TOWN  CITY (If outside corporate limits, write RORAL (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN SILLER Show G
HOSPITAL OR JINSTITUTION OR SUDUYDAN	STREET ADDRESS 11708 New Dort Will Rd.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) TYPE KRINDIE LO	(Last) 4. DATE (Month) (Day) (Year) OF DEATH OUT 1955
5. SEX:  6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify):	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.  Wors Monthal Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of specific particle)	17. INFORMANT & ADDRESS: DAUghter, Mary Mindaue - above
18. MEDICA	AL CERTIFICATION INTERVAL BETWEEN
	ONSET AND DEATH
Immediate course (8) Congestive Acces	theliese ! months
DUE TO	11.00
Antecedent cause(s) Energlised ar	triclescherosis: 425.
giving rise to the above cause DUE TO	
stating underlying cause last (c)	
	at preumonea ? weeks
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   OF poet, office bldg., etc. INJUNE (Meath)   (New York)   (Here)   (100 per	
OF INJURY 12 1955 PM. While at work work	Fell on ploon of her worm.
find that death resulted from: Natural causes Accid	lent $\square$ . Suicide $\square$ . Homicide $\square$ . Undetermined cause $\square$
SIGNATURE	CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER
the 19/1 morehant	M. D. ASSISTANT MEDICAL EXAM. 77-55
23. BURIAL, COMMATON, DATE THEREOF NAME OF CEMETER	Y OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRA'S SIGNATURE REG. 7/7/25 Dessie M. Horneron	Francis J. Collins Wash, D.C.
	COUNTY ON A MARYLAND  CITY (If outside corporate limits, write RORAL OR and give nearest town)  OR and give nearest town)  TOWN OF THE DECASED:  (In this place)  (In this place

VS.

BUREAU V. S.

MEGENVED 11 1055

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(Type or Print) Lawrence Bertrand Maloney DEATH: July 10 1955
COUNTY Montgomery MARYLAND CITY (If outside corporate livits, write RURAL LENGTH OF STAY (in this place) OR and give nearest town) From Live Spring, My 10 year OR TOWN Live Spring, My 10 year OR TOWN Live Spring, My 10 year OR TOWN Live Spring, My . 56 STREET ADDRESS 1114 Wordside Parkergy STREET ADDRESS 1114 Wordside Parkergy STREET ADDRESS 1114 Wordside Parkergy OR TOWN Live Spring, My . 56 STREET ADDRESS 1114 Wordside Parkergy STREET ADDRESS 1114 Wordside Parkergy OF DECEASED: (Type or Print) Lawrence Bertrand Maloney DEATH: July 10 1955
CITY (If outside corporate libits, write RURAL and give nearest tow OR and give nearest town) Spring My 10 year TOWN Live Spring, My 10 year ADDRESS 1114 Wordside Parkway Street ADDRESS 1114 Wordside Parkway Spring, My (Last) 4. DATE (Month) (Day) (Year) OF DECEASED: (Type or Print) Lawrence Bertnand Maloney DEATH: July 10 1955
INSTITUTION OR 1114 Woodself Parking ADDRESS 1114 - Woodself Parking Spring My  3. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) (Day) (Year)  OF OF (Type or Print) Lawrence Bertrand Maloney DEATH: July 10 1955
3. NAME OF (Birst) (Middle) (Last) 4. DATE (Mohth) (Day) (Year) DECEASED: (Type or Print) Lawrence Bertrand Maloney DEATH: July 10 1955
MIDOWED. DIVORCED. March 28,1903 52 yrs. Months Days Hours Min
OA. USUAL OCCUPATION (Give kind of working life. even if retired); Dwner Wardward Layton Md 12. CITIZEN OF WHATE COUNTRY:
Thomas Maloney Susani Hell.
S. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY ND. 17. INFORMANT & ADDRESS:  (Yes, no., or unk.) (If Yes, give war or dates of service)  O12-07-2169  Wile - 1114- Wordside Parkwas
18. MEDICAL CERTIFICATION INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH
162X IMMEDIATE CAUSE (A) Gulmonary Calema 3hro.
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) MUNICIPAL AVERAGE  OUE TO  Representation of the condition o
is other significant conditions contributing Bronchogenic Carcinoma 10 months
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT
Oct 54 / Proschogenu Carcinoma VES NO [i
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Riome, farm, factory, 21c. WHERE DID (City or town) (County) (State)  OF INJURY street, office bldg., etc. INJURY OCCUR?
DF INJURY M.   Clay (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While   Not while   at work   at work
22. I hereby certify that I attended the deceased from afril , 1955, to July 10, 1955, that I last saw the decease
alive on SIGNATURE 10, 1955, and that death occurred at 6:05 PM, from the causes and on the date stated above.  ADDRESS  DATE SIGNED  ADDRESS
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (KIT), town, or fountly that
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS

 PLAINLY, WITH UNFADING INK.

OR WRITE

PLEASE TYPE

28/55

VS. A15-

Supply every item of information carefully. The

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06869

	6875 CERTIFICAT	E OF DEATH Reg	g. Dist. No. 2/6		
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DE	CEASED:		
and legibly	county Montgomery Maryland	STATE Virginia COUNTY A	lexandria		
l le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write R			
and	X TOWN Bethesda 26 days	TOWN Alexandria	83x-3		
death clearly	HOSPITAL OR The Clinical Center SOSTREET ADDRESS National Institutes of Health	STREET (If rural give I			
cle	3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)			
ath	DECEASED: (Type or Print) David Morgan Matth	ews OF DEATH:July	(=,		
of de	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   RACE:   WIDOWED, DIVORCED,	ber 29, 1904 50 yrs.	onths Days Hours Min.		
causes	IOA. USUAL OCCUPATION (Give kind of work done during most of working life.  OR INDUSTRY:	11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT		
car	oven if—metimed):	Ohio	U.S.A.		
he	13. FATHER'S NAME: SUPERYISOR, S. 64	14. MOTHER'S MAIDEN NAME:			
et	David Matthews	Delia Friel			
write the	15. WAR DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	Maria Maria		
	No of service) not available	The medical record, The Cl	inical Center		
please	18. MEDICAL CERTIFICA	TION	INTERVAL BETWEEN		
p	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH		
603	IMMEDIATE CAUSE (A) BILATERI	AL TENSION PNEUMOTH	ORBX PAR		
ian	ANTECEDENT CAUSE (S)				
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	VARY EMPHRSEMA	15-1-323		
Ph	STATING UNDERLYING CAUSE LAST.				
nt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
important.		onic Cor PULMONA	LE 20thons		
mp	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?		
			YES NO		
especially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   21B. PLACE (Home, farm, factory, OF INJURY of State)   County) (State)   County of State)   County of Sta				
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	D   21F. HOW DID INJURY OCCUR?			
	22. I hereby certify that I attended the deceased from 2.7J	une, 1955, to 23 July 1955, that	I last saw the deceased		
ct age	alive on 23. July , 1955 , and that death occurred a	t 10:30 P.M. from the causes and on the			
correct	Ensere Braumwald	The Clinical Center M. D. National Institutes of He	ealth		
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	TERY OR CREMATORY   LOCATION (City,			
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE	Y CEMETERY CLEVELA	ND, OHID		
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS		

washing ton DC

BUREAU V. E.

3961 I 9UA

BECEINED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS.

DATE REC'D

BY LOCAL

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6878 CEPUTETCAME OF DEAMI

	CENTIFICATI	OF DEAL	Reg. I	Dist. No.		
oly.	1. PLACE OF DEATH:	2. USUAL RESIDE	NCE (HOME) OF DECE	ASED:		
gil	county Montgomery Maryland	STATE Mary	land county Mon	teomerv		
l le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY If outside	corporate limits, write RUR	AL and give nearest town)		
of death clearly and legibly	X TOWN Olney (in this place)	Town Sand	y Spring	×		
rly	HOSPITAL OR Montgomery County	STREET ADDRESS	(If rural give locat	tion)		
ea	73 STREET ADDRESS General Hospital, Inc					
h c	3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)		
eat	OECEASED: (Type or Print) Elizabeth Olivia Ma	tthews	OF DEATH: July	3 1955		
f de	RACE: WIDOWED DIVORCED	OF BIRTH:	AGE last birthday IF UND	ER I YEAR IF UNDER 24 HRE.		
	Female   Colored   (Specify): Separated 2/	23/12	43 yrs. Months	AZGUIS WIII.		
ıse	10A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (S	State or foreign country):	12. CITIZEN OF WHAT		
cal	even if retired): Domestic	Maryland		U.S.A.		
he	13. FATHER'S NAME:	14. MOTHER'S MA	IDEN NAME:			
te	Walter Matthews	Bessie N	ewman			
please write the causes	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (S. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:				
e	of service)	Hospital	Record			
83	18. MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN		
Id	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH		
70	IMMEDIATE CAUSE  (A) Adequited  ANTECEDENT CAUSE (S)  DUE TO	cuina. A	1	2"		
ans	IMMEDIATE CAUSE  (A) A THE STATE OF THE STAT	unigna of	Charm.	- d his		
sici	ANTECEDENT CAUSE (B.					
Physicians:	GIVING RISE TO THE ABOVE CAUSE					
	STATING UNDERLYING CAUSE LAST. (C)					
ant	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
upo	19a, DATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATION	V				
	3/5/55 Adenoma-Carcinoma of the c	ecum		YES NO		
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	etc. 1NJURY OCCUR	ID (City or town) (C	county) (State)		
bec	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
es	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while at work at work	21F. HOW DID I	NJURY OCCUR?			
130						
age	22. I hereby certify that I attended the deceased from fall	, 195's, to fr	7 , 19 50, that I	last saw the deceased		
	alive on signature , 19 3), and that death occurred at	4:40 M, from th	e causes and on the da	ate stated above.  DATE SIGNED		
correct	the Company	.D. Sandy	Spring Md	7/3/55		
5	23 BURNAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY	LOCATION (City, town	n, or county) (State)		
	Bung 1/6 3/17 Way	emous.	Sough SAL	ma, med.		

DECENTED

BUREAU V. S.

االله المادد

Same transfer of the second second second

THE REST SPICE OF SPI

\*

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6877

# CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE Maryland COUN'	Wont &
CITY (If outside corporate limits, write RURAL LENGTH OF STA	AY CITY (If outside corporate limits, write RURAL an	d give nearest town)
X TOWN Chevy Chase	TOWN	×
HOSPITAL OR	STREET (If rural give location)	1
COUNTY MORT COMPTY CITY III outside corporate limits, write RURAL LENGTH OF STAY OR, and give nearest town) TOWN Chevy Chase HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Primrose St.  3. NAME OF DECEASED: (Type or Print) WILLIAM ANDREW MEARNS S.SEX: 6. COLOR OR WINDOWED, DIVORCED, WINDOWED, DIVORCED, WINDOWED, DIVORCED, WINDOWED, DIVORCED, WINDOWED, DIVORCED, WORK done during most of working life, even if retired): Ret.  10. KIND OF BUSINESS OR 11. BRTHFLAGE (State or foreign country): 12. FATHER'S NAME: ROBERT KITKPATTICK MEATNS  13. FATHER'S NAME: ROBERT KITKPATTICK MEATNS  14. MOTHER'S MADIEN NAME: ROBERT KITKPATTICK MEATNS  15. BEDICAL SECURITY NO.: 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: 18. MEDICAL CERTIFICATION 19. DATE of OPERATION: 19. DATE of OPERATION: 19. DATE of OPERATION: 19. DATE of OPERATION: 19. LATER'S CAME: ONLY OF OPERATION: ONLY OF OPE		
DECEASED:		(Year) 1955
The state of the s		
RACE: WIDOWED, DIVORCED,	Months   Da	ys Hours   Min.
Married 1-	10-1870   85 918.1 5 120	ITIZEN OF WHAT
		OUNIKI:
even if retired): Ret. Banking		A
13. FATHER'S NAME:		
	17. INFORMANT & ADDRESS: 9 Primrose	St.
service) nono	David C. Mearns, Chevy Chase	. Ivid .
		Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
334X Cozobral	Williasel Loses	10 wake
Illimediate cause		
Antecedent causes (s)		
giving rise to the above cause		
(c)		
Conditions contributing to the death but not		
	N	20. AUTOPSY ?
0		Yes No No
SUICIDE Office bldg., etc.)	reet, (CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF While at Not While		
		saw the deceased
22. I hereby certify that I attended the deceased from the control of the control		
4 SUCNATURE (Degree or title)	ADDRESS A PA	TE SIGNED
White M. Oler, M.D. 115	O Gan. Av 1.W. Wolle. 166	4 '3"
23 RURNAL CREMATION   DATE THEREOF   NAME OF CEME	TERY OR CREMATORY   LOCATION (City, town, or con	nty) (State)
Burial 7-7-1955 Rock Cree	ek Cemetery Wash. DC	
DATE REC'D BY, LQCAL REGISTRAR'S SIGNATURE		
REGISTRAR	A. FUNERAL DIRECTOR 1756 Pa.	ADDRESS Ave. NW

VS. A15

PLEASE WRITE PLAINLY,

BUREAU V. S.

5878

#### CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:	2. USUAL RESID	ENCE (HOME) OF	DECEASED:	
COUNTY Montgomery MARYLAND	STATE Dist	rict ofcounty	mhia	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside OR	corporate limits, write	e RURAL and	give nearest town
X TOWN Bethesda Rural   14 hr 46 min	STREET	hington, D.C.		11-0
57 INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	ADDRESS	3432 25th Str	,	/
	Last)	4. DATE (Mon		(Year) 19 55
		9. AGE last birthday	-	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	Bethesda, N	(State or foreign count	try):  12. CIT	IZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S M	AIDEN NAME:		
Ivandale MILLER	Sue Yvonr	ne ALLISON		
(Yes, no, or unk.) (If Yes, give war or dates of service)  No None	Father Ivar	dale MILLER		
IMMEDIATE CAUSE  (A)  DUE TO  ANTECEDENT CAUSE (S)	ine mes	mbrane o	lisease	12 ho
STATING UNDERLYTING CAUSE LAST.	me mes	nbrane o	Lisean	12hb
IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	me mes	nbrane o	Liseas	12hb
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	ine mes matre	nbrane o	Liseas	12 hb
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		nbrane c	Lisease.	12 ha
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		nbrane c	Lisease .	20. AUTOPSY7
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor)	ory. 21c. WHERE I	DID (City or town)	Lisease .	12 hb
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, facta OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg.,	ory. 21c. WHERE I etc. INJURY OCCU	DID (City or town)	Lisease .	12 hbc
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INDINGS OF OPERATION  21B. PLACE (Home, farm, facts OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) While Not while at work at work  22. I hereby certify that I attended the deceased from 30. July alive on 31 July 1955 and that death occurred at IGNATIONAL ACCIDENT.	21c. WHERE INJURY OCCU 21f. HOW DID 11y, 19.55, to 31 12:45 M, from the ADDRES 18.7 NNMC Report of CREMATORY	CID (City or town) R?  INJURY OCCUR?  LULY, 1955, the causes and on the causes and on the causes and contact the causes and contact the causes and causes are causes and causes and causes and causes and causes and causes	(County)  hat I last sa the date state	(State)  w the deceased ted above. GIGNED

MARGIN RESERVED FOR BINDING

1313

207520 VS. A15-10-53 PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

BUREAU V. S.
Aug 2 1955
Aug 2 1955

causes

ease

d

age

correct

VS

alive on

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06866				
6879 CERTIFICAT	TE OF DEATH Reg. Dist.	No. 216		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:		
COUNTY MARYLAND MARYLAND	STATE D.C. COUNTY			
CITY (If outside conforate limits write RURAL LENGTH OF ST. OR and give nearest town)  TOWN TO MAN ATTAN		nd give nearest town)		
9 STREET ADDRESS Travally Forme melon	STREET ADDRESS WY rural give location) ATOO Davenpart St	. 4n.w. V		
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Olive	niller DEATH: 7 - 16	(Year) (1955		
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED, WIDOWED. DIVORCED. Specify: W	- 13 - 1881 73 yrs. Months Ds	Rys Hours Min.		
Work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
CHRISTOPHER W. CLASKETT	EMMA RAYNOR			
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:  REST HOME RECORDS			
18. MEDICAL CERTIFIC	CATION	INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH		
IMMEDIATE CAUSE (A) Coupe	vocaler-rend object	Iwa.		
ANTECEDENT CAUSE (S)	A			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  CONCLUS - DUE TO	voccular rend object	7-yrs.		
(c)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	pour Diesas	10-4201		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERAT	ION	20. AUTOPSY?		
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	dg., etc. INJURY OCCUR?	y) (State)		
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURF While While st work st work	RED   21F. HOW DID INJURY OCCUR?			

(IF EITHER, NOT 21D. TIME (Mo OF INJURY

> 13, 1955, and that death occurred at 3:35 AM, from the causes and on the date stated above. **ADDRESS** DATE SIGNED

SIGNATURE DATE THEREOF LOCATION (City, town, or county)

22. I hereby certify that I attended the deceased from 1959, to fine 1958, that I last saw the deceased

BURIAL OREMATION, REMOVAL (SPECIFY) Burial 7-18-55 FUNERAL DIRECTOR DATE REC'D BY LOCAL

**ADDRESS** REGISTRARA

BUREAU V. S.
JUL 19 1955

make and the second of the second of the second

0)	6880 MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	06867
Th.	See: Item 17 CERTIFICAT	E OF DEATH Reg. Dis	t. No. 216
carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
agil	COUNTY TO CONTY MARYLAND	STATE ILE COUNTY KIE	
d 16	CITY (If outside corporate limits, write RATAL LENGTH OF STAY OR and give nevers to the corporate limits, write RATAL LENGTH OF STAY (in this place)	CiTY(If outside corporate limits, write RURAL	and give nearest town
tion	X TOWN Delleran	TOWN CHEETY CHE	e XV
nformat	HOSPITAL OR INSTITUTION OR Suburban Hospita	STREET ADDRESS 880   Tours 90	men leve
of ;	3. NAME OF (First) DECEASED: (Type or Print) Chae  [1105]	OF V	(Day) (Year)
item of de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Married		YEAR IF UNDER 24 HRE.
every	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS when done during most of working life OR INDUSTRY:	11 BIRTHPLACE (State or foreign country):  12	CITIZEN OF WHAT
6.1	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	1103
Supply te the	John Moses	Rathade	
IK.	18. WAS DECEASED EVER IN U.S. ARMED FORCES! (18. SOCIAL SECURITY NO. (1f. Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	w):L:
E 2	18. MEDICAL CERTIFICA	· A	INTERVAL BETWEEN
NI	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
FADING ns: ple	IMMEDIATE CAUSE  (A) Con DOS	tive heart failure	10 days
UNF	ANTECEDENT CAUSE (S)	and heart direction	C
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	CITY WEEK OF SEASE	2 down
H	STATING UNDERLYING CAUSE LAST. (C)	ial hypertusion	2 years
MINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	it poplited artery	
AIN	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON O V	20. AUTOPSY?
PL	ACCIDENT WAS LINDED VING TO THE PLACE (Home form for	etory, 21c. WHERE DID (City or town) (Cou	1 00 0
VRITE PI	21A. ACCIDENT WAS UNDERLYING \( \) \		,
R WRI	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While While at work	21F. HOW DID INJURY OCCUR?	
o F	22. I hereby certify that I attended the deceased from 7 -	6 , 1955, to 7 19, 19 5 that I la	st saw the deceased
TYPE rect ag	alive on 7.18 1955, and that death occurred at	M, from the causes and on the date	stated above.
		M. D. Fershing Dura and.	77.18.55
ASE	REMOVAL (SPECIFY)	TERY OR CREMATORY LOCATION City, town,	11/
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR	ADDRESS
	REGISTRAT. 20.53 Bessie M. Kompso	w. W. Cronword 6. 19	O - Magn At

DECEINED

BUREAU V. &

and

# ASE WRITE PLAINLY WITH UNFADING INK. age is especially important. Physicians: please

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Montgomery STATE Maryland COUNTY Montgomery COUNTY MARYLAND LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL OR and give nearest town)
TOWN Chevy Chase (in this piace) TOWN Chevy Chase Mos STREET (If rural, give location) HOSPITAL OR INSTITUTION OR 7213 Oakridge Ave. ADDRESS Oakridge Ave.. STREET ADDRESS (Middle) 3. NAME OF (First) (Last) 4. DATE (Day) (Month) (Year) DECEASED: DEATH (Type or Print) 19 7. SINGLE, MARRIED, 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS COLOR OR 8. DATE OF BURTH: WIDOWED, DIVORCED, RACE: Male Sept. (Specify): Married 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT work done during most of work life, even if retired Research Anal. INDUSTRY: John's COUNTRY? Augusta, Maine. U.S.A. I3. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: izabeth McCormick James E. Mulligan 17. INFORMANT & ADDRESS: Mara Elizabeth Mulligan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of wife-Same as item #2. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DRATH 16001 iccluses Immediate cause DUE TO Antecedent cause(s)

Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No No 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., 21c. (City or town) (County) (State) 21a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH.

at work

21c. INJURY OCCURRED

work [

SIGNATURE

SIGNATURE

M. D. ASSIS

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY

FRANCY CREMATION, TOTAL THEREOF ST. Patricks Cemetery

21d. TIME (Month) (Day) (Year) (Hour)

OF INJURY

DATE REC'D BY LOCAL

find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. 7-23-35

MATORY | LOCATION (City, town, or county) (Statery | Lincoln County, Maine

21f. HOW DID INJURY OCCUR?

DR ADDRESS
Bethesda, Md.

ei M. Thompson Kibert a. Tumphrey

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [7], Inquiry [7], and

S. A15A - 5 - 53

SECELVED

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6882

The

14

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

VS. A15-

## CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town
X TOWN Bethesda (in this place)	TOWN Silver Spring 56
	STREET (If rural give location)
- INSTITUTION OR THE CITHICAL CENTER	ADDRESS
Of Street Address National Institutes of Health	10205 Proctor St.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
	nschy DEATH: July 13 1955
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED.   8. DATE	OF BIRTH: 9. AGE last birthday If unoer 1 YEAR IF UNOER 24 HRS.
F   W   (Specify): Married   17 Aug	gust 1895 59 yrs. Months Days Hours Min.
oa. USUAL OCCUPATION (Give kind of NOB. KIND OF BUSINESS GO Work done during most of working life, OR INDUSTRY. U.S. Go even if retired): housewife - Clerk- Naval Ordnand	WIT t BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHATCOUNTRY?  WHATCOUNTRY?  USA
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel Worthington	Sallie Scott
B. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, No or unk.) (If Yes, give war or dates None given	The medical record, The Clinical Center
IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A) with recurrent the policy of the	onchopneumonia in a patient nt carcinoma of the esophagus arcinoma in liver & multiple horacic & cervical lymph nodes
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION:   19b. MAJOR FINDINGS OF OPERATION	N .
None None	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bldg.,	tory, etc. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?
Dermand Kylect Landau M  23. Burlal CREMATION, DATE THEREOF NAME OF CEMETE  Trans. & Burlal 7/14/55 Versailles	8:1:0AM, from the causes and on the date stated above.  ADDRESS  DATE SIGNED  D.The Clinical Center, NIH July 13, 1955  ERY OR CREMATORY   LOCATION (City, town, or county) (State  Cemetery Versailles, Woodford Co., Ky.
	134. FUNERAL PRECTOR 8434 Ga ADDRESS Ave No. William Silver Spring. Md.



OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information

PLEASE TYPE

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

		4.4	110	ø
Reg.	Dist.	No.	215	· .

- 1	0003			
>	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: 83X-	3	
legibly	COUNTY Montgomery MARYLAND	STATE MATTERIAL COUNTY MANTENMENT		
e le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give neares	t town	
and	X TOWN Bethesda Rural (in this place)	TOWN Pethesda//Phrai/ Arlington		
	K TOWN Bethesda Rural   2 months	STREET (If-mire) give location)	-1	
E I	INSTITUTION OR	ADDRESS A,O,O, , , , , , , , , , , , , , , , ,	V	
clearly	STREET ADDRESS U. S. Naval Hospital	p//\$//Matal/Mospital(see bir		
	DECEASED.	(Last) 4. DATE (Month) (Day) (Yes		
death		NEIL DEATH: July 5 19		
of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single 4-28-	OF BIRTH: 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 1 YEAR   Hours   55	Min.	
causes	OA, USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF	WHAT	
an	work done during most of working life. even if retired):	Maryland U. S.		
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
	John Spencer NEIL	Anne C. WALSH		
Ę I	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.	I7. INFORMANT & ADDRESS:		
ease write	(Yes, no. or nnk.) (If Yes, give war or dates of service) None	Fa ther John S. NEIL 3910 Ave. "T" Brooklyn, New York		
eas	18. MEDICAL CERTIFICAT		ETWEEN	
d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	DEATH	
ns:	75/Xmmediate cause (A) Phot	morra, Lerminal 3 d	078	
Physicians:	ANTECEDENT CAUSE (S)	lo Congenital	0	
hys	GIVING RISE TO THE ABOVE CAUSE	Ma Dion O Manings - 1		
	STATING UNDERLYING CAUSE LAST.	DO DESCHI DE CODE DE LA 21	Mais	
important	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	
Tr.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	orange 11a	are	
odu	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTO	Pev1	
			NO	
113	21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, fact		ete)	
ecia	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	acc,	
esi	OF INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?		
IS	M.   at work □ at work □			
	22. I hereby certify that I attended the deceased from 28. Ap:	ril, 19.55, to5July., 19.55, that I last saw the de	ceased	
age	alive on .5 July 19 55 Jaid that death occurred at 9705A M, from the causes and on the date stated above.			
SIGNATURE ON ADDRESS DAT				
correct	W. S. MATTHEWS LCDR MC USN U. S. Naval Host	oftal NNMC Bethesda Manuland	-	
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI REMOVAL (SPECIFY)	PRY OF CREMATORY LOCATION (Chy, www, or county)	(State	
	Burial 5-9-55 Arlington	National Arlington, Virginia		
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
	7-5-55 marily rangelle	Ryand Pumphrey Funeral Home, 7557 Wisc Avenue Bethesda, Maryland	• ,	

BUREAU V. S.

3561 8 INF

BECEINED

1. -

The Wall Harry

ADDRESS

Bethesda, Md.

REGISTRAR'S SIGNATURE

DATE REC'D BY LOCAL

VS. A15 -- 10 - 53

Unmany M. Newschilles v. T.

BUREAU V. R. BUREAU V. R.

REGISTRAR-

(If rural give location) NCO (Month) (Day) (Year 9 AGE iast birthday IF un Hours foreign country): CITIZEN OF WHAT 12. COUNTRY? ONSET AND DEATH 20. AUTOPSY (County) (State) 5 ..... 19 %, that I last saw the deceased M, from the causes and on the date stated above. DATE SIGNED LOCATION (City, town, or county) (State) ADDRESS Bethesda.

BUREAU V. S.

NOT WHEN THE COLUMN ASSESSMENT OF THE PASSESSMENT O

The state of the s

6			
7	. The		6
	ully.	1. PLACE	OF I

Supply every item of information caref

CERTIFICATE OF DEATH

Reg. Dist. No. 223

	5782 CENTIFICATI	d Of DEATH Reg. Dist.	110. 220
Ŋ.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	);
gib	COUNTY Montgomery MARYLAND	STATE DC COUNTY	
leg	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL a	nd give nearest town)
and legibly	17 TOWN Takoma Park (in this place)	TOWN Washington	17x-3
	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	_/
clearly	75 STREET ADDRESS Washing ton San. V/t osp.		N.W. V
	J. HAME	OF .	Ony) (Year)
death		SDOURN DEATH: July	4 1935
	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   RACE:   WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday if woer ty	ays Hours   Min.
of of	M Cauc (Specify) married 4-1	4 1884 71 yrs.	
causes	IOA. USUAL OCCUPATION (Give kind of NOB KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
car	even if retired Retired R.R. mail Service Emp.		USA
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
e ct	James Osbourn	Alice Link	
write	(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
	of service)	Hosp Records	
please	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
pl	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1.0.0	ONSET AND DEATH
 	1 MMEDIATE CAUSE (A) Would	myscardial infaistion	36 Krs.
Physicians	ANTECEDENT CAUSE (S)		
rsic	DISEASES OR CONDITIONS, IF ANY. (B)	y alkerosclerosis	3 yrs.
Phy	STATING UNDERLYING CAUSE LAST.	1 - 1 1	
	(C) Applie	usine cardiovascular dise	dee 3 yrs.
tan	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING () TO THE DEATH BUT NOT RELATED TO THE		0
or	DISEASE OR CONDITION CAUSING DEATH.		
important.	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
			YES NO
especially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Coun INJURY OCCUR?	(State)
spe	21D TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY While at work Not while at work		
e is	22. I hereby certify that I attended the deceased from July 3	195, to July 4, 195, that I last	saw the deceased
व्य	The Van Committee of the Committee of th	20	
ct	alive on Saly F , 19 22 , and that death occurred at	ADDRESS DA	TE SIGNED
correct	Bennet Q. Korles L. u.D.	1. D. 9301 Colesville Rd., Silver Spring A	11. July 4.55
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (C) town o	r county) (State)
-		- I - a LANDIA MAHA	T UTIN

S. A15 - 10 - 53

MARGIN RESERVED FOR BINDING

UNFADING INK.

WITH,

OR WRITE PLAINLY,

TYPE

PLEASE

BUREAU V. S.

SS6I 4 Inc

BECEINED

legibly

and

earl

C

death

TO

3

Se

ea

d

Physicians

portar

m

information

of

item

pply

Su

Z

3

Z

d 2

RITI

2

0 (2) cd

9 rect TY

国

S

4

田

DATE REC'D BY LOCAL

REGISTRAR

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06874

CERTIFICATE OF DEATH

Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Montgomery MARYLAND STATE Maryland county Montgomery CITY 11f outside corporate limits, write RURAL| LENGTH OF STAY CITY If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) GTOWN Silver Spring TOWN Silver Spring vears HOSPITAL OR INSTITUTION OR (If rural give location) STREET ADDRESS STREET ADDRESS 816 Gist Ave. 816 Gist Ave. 3. NAME OF (First) (Middle) (Last) DATE (Month) (Dav) (Year) DECEASED OF FRANK PALEOLOGOS July (Type or Print) DEATH: SINGLE, MARRIED 8. DATE OF BIRTH: 6. COLOR OR 17. 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED. Hours Nov. 28. (Specify): married IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRY? even if retired): Resturant Owner Greece None-exiled 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Paleologos Chrysa Kahris 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY NO (Yes, no, or unk.) | If Yes, give war or dates Yes-unavailable Mrs. Despina Paleologos of service) - No 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH bew minutes IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S' marc DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) Cerle II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDERLYING [] 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work \_\_ 22. I hereby certify that I attended the deceased from Sept 29, 1951, to July 22, 1953, that I last saw the deceased alive on July , 1955 , and that death occurred at LYP M, from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED. 1 aun NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION. DATE THEREOF LOCATION (City, town, or founty) REMOVAL (SPECIFY) Washington, D. C. Glenwood Cemetery

ADDRESS

YOU Silver Spring, Md.

REGISTRAR'S SIGNATURE



5561 22 701

OB AIBOBY

	6783 CERTIFICATI	E OF DEATH Reg. I	Dist. No. 223
y.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEA	ASED:
rly and legibly	COUNTY Montgomery MARYLAND CITY (If outside cornerate limits write RURAL LENGTH OF STAY OR and give nearest town) TOWN Cakoma Park HOSPITAL OR Washington Sanitarium	STATE Maryland COUNTY M CITY(If outside obsporate limits, write RUR/ OR TOWN SILVEY Soring STREET ADDRESS	56
clearly	75 STREET ADDRESS Hospital	816 Gist Que.	
death c	3. NAME OF (First) (Middle) DECEASED: (Type or Print) Flas George Pal	OGOS OF DEATH:	(Day) (Yesr) 7-8- 1955
of	RACE: WIDOWED, DIVORCED,	9. AGE last birthday 17 UND Months 15- 95 yrs. 11. BIRTHPLACE (State or foreign country):	Days Hours   Min.
causes	work dune during most of working life. OR INDUSTRY:		COUNTRY
the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	umer.
	George Palogos (Paleologos)	Chrissy Kachris	
e write	(Yes, no, or unk.) (If Yes, kive war or dates of service)		
pleas	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
ms:	1420./ IMMEDIATE CAUSE  (A) Massire in	farct myscardum	8 days
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  DIF TO	Try thronbour	8 days
	STATING UNDERLYING CAUSE LAST. (C) COLENANI	asteriochen:	Mukuma
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	oo o can same on	
odi	DISEASE OR CONDITION CAUSING DEATH.	N	
			YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  21b. TIME (Month) (Day) (Year) (Hour) 21c INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  While Not while			County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work 21F. HOW DID INJURY OCCUR?			
age i	22. I hereby certify that I attended the deceased from June		
SIGNATURE ADDRESS			DATE SIGNED
cor			n, or county) (State
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR 843	4 GaADDRESS

VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH

UNFADING INK. Supply every item of information carefully. The

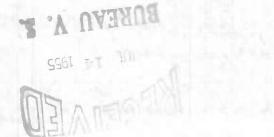
A

MARGIN RESERVED FOR BINDING

S361 ET 700

BUREAU Y. S.

A STAP EN AND THE TEN AND THE PARTY OF THE PARTY.



DATE REC'D

BY LOCAL

## RE, 18 06877 Reg. Dist. No. 2/6 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6000 CERTIFICATE OF DEATH

. 0000			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY MONTGOMERY MARYLAND	STATE MARYLANDOUNTY MONTGOMERY		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town		
Y TOWN DETHESTA 32 days	TOWN ROCKUILLE 26		
HOSPITAL OR	STREET (If rural give location)		
74 STREET ADDRESS SUBURBAN HOSPITAL	806 GRANDIN AUGNUE		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)		
DECEASED: (Type or Print) LAURA E	ETERS DEATH: JULY 15 1955		
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.		
FEMALE WHITE Specify: SINGLE DECE			
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA		
even if retired): House keeper	GREENFIELD MARYLAND USA		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
JOHN WILLIAM PETERS	DARAH HNN GEISLER		
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
(Yes. no, or unk.) (If Yes, give war or dates of service)	I MOGENE NICHOLSON. 806 GRANSIN AUE		
18. MEDICAL CERTIFICAT			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT		
19040 Cutus	Selvotic Hart Degene		
DUE TO			
ANTECEDENT CAUSE (S)	Left temen 1 money.		
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  DUE TO	Thomas.		
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  Molnute	who & Inextin		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY?		
6/15/55   Fracture Left 4	YES NO		
21A. ACCIDENT WAS UNDERLYING   CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg.	ctory. 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR? 806 Shanding as, had h		
OF INJURY 6/13/55 93, M. 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 6/13	, 1923, to 7/15, 1933, that I last saw the decease		
alive on, 1955, and that death occurred at	ADDRESS DATE SIGNED		
	M.D. 104 Chory Charle Chile and 1/3/2		
23. BURIAL, CREMATION, DATE THEREOF PAME OF CEMET	3/ 4		

REGISTRAR'S

SIGNATURE

FUNERAL DIRECTOR

Bethesda, Md.

A STATE OF THE PARTY OF THE PAR

The survey of th

closed limeter of the same than to start the

A STANK I HOMELE THE SHARE THE SERVE STANKED BY

The state of the

1111 85 1000

DECENALD

The

5. SEX:

IS. WAS DECEASED

II OTHER SIGN TO THE DEAT

item of information carefully.

death clearly and legibly

of

please write the

Physicians

important.

especially

S OR age

correct

every causes

Supply

INK.

ADING

WITH

PLAINLY

WRITE

TYPE

ASE

PLE.

MARYLAND STATE DEPARTMEN'	T OF HEALTH—BALTIMORE, 18	06878
6889 CERTIFICATE	E OF DEATH Reg. Dist.	No. 216
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	);
COUNTY MONTGOMERY MARYLAND	STATE Maryland county Monta	Estan PV
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYII outside corporate limits, write RURAL at	
OR and give nearest town)  Y TOWN  KENSINGTON  4 (in this place)  Months	TOWN 3406 Commings Land	
HOSPITAL OR Corroll Hall Sanaterium OSTREET ADDRESS 10731 Carroll Place	ADDRESS Chevy Chase 15, Ho	2 2 1
DECEASED: (Type or Print) Andretta Wreath Ph	OF -/	Ohy) (Year) 2.2 19.55
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   RACE:   WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 YI	EAR IF UNDER 24 HRB.
Female White (Specify): Widowed 24 No	6V 1870 84 yrs. Months Di	ays Hours Min.
OA. USUAL OCCUPATION (Give kind of or NOB) Work done during most of working life.  even if retired 1005ewise	New York, NY	CITIZEN OF WHAT
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	~
Andrew Wreath	Mary McGonigle	
Yes, no, or, unk. (If Yes, kive war or dates of service)	3406 Commings Lo, Chevy	Chose 15, Md
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) CHECK	al thromboses	4 dans
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY. (B) Cerel	ral arteriorclaisis	X years
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	in I unterior a large	X years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	None	9
94. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	v	20 AUTOREVA
O Wone	due	YES NO
ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of Contributing Cause of Death Of Injury street, office bldg.,	ory. 21c. WHERE DID (City or town) (County	y) (State)

21A. ACCIDENT OR CONTRIBUTIS (IF EITHER, NOTIFY MEDICAL EXAMINER)

21E INJURY OCCURRED
While Not while 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY at work at work

19 Jthat I last saw the deceased 22. I hereby certify that I attended the deceased from M, from the causes and on the date stated above. alive on 20 and that death occurred at/O SIGNATURE

M. D

BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

REGISTRAR

24. FUNERAL

Dr. Broschart notified - des approved per Dr. Lucke 1:10 7-23.55

BUREAU V. S.

SEG I DUA

BECEINED

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

90	CERTIFICATE

6890 CERTIFICAT	E OF DEATH Reg. Dist.	No. 214
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
COUNTY MONTGONERY MARYLAND	STATE North Confirmenty Fors	yth
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	OR	no give nearest town)
56 TOWN Silver Spring 2 month		m 70x-3
HOSPITAL OR INSTITUTION OR 110 Schuyler Rd.	ADDRESS 936 No. How th	orne Rd.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) P	(Last) 4. DATE (Month) (I	(Year) 7 1955
5. SEX: 6. COLOR OF 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify): 1		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Albert M. Bounds	Clara Cordelia Wi	150m
(Yes, no, or unk.) (If Yes, give war or dates of service)  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.	Mexander Piper Winston	Salem, N.C.
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Citéroje	levous, glacial & declical	14200
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	atie heart disease	Years
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N.	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor Contributing   Cause of Death   Of Injury street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	D   21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from he	913, 1955, to July 17, 1953, that I last	saw the deceased
alive on fune 71, 1955, and that death occurred at	5 45 M, from the causes and on the date s	
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY   LOCATION (City, town or	(State)
Burial July 20,1955 Parklawn Ce	emetery Montgomery County	, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 7-18-55 Xances Voltage	James & Sumply Silve	ADDRESS er Spring, Md.

VS. A15

Supply every item of information carefully. The

M

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

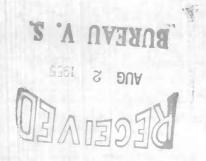


8211 Washington St. 4. DATE (Month) (Day) (Year) OEATH: July 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRB Days Hours 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRY? IISA 17. INFORMANT & ADORESS: Silver Spring, Md. Yes-unavailable Edw. Chas. Pollak, 207 Lexington Drive. 20. AUTOPSY (County) (State) 19 53 that I last saw the deceased from the cruses and on the date stated above. DATE SIGNED LOCATION (City, town, or county) (State) Ship. & burial Bell Fountain Cemetery St. Louis, Missouri DATE REC'D BY LOCAL REGISTA 24. FUNERAL DIRECTOR mplycu Silver Spring, Md.

DECENAED

6891 CERTIFICATE OF	P DEATH Reg. Dist. No. 2 17
1. PLACE OF DEATH:   2. U	SUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONIZ. MARYLAND S	TATE Md. COUNTY Thonta.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	TY(If outside corporate limits, write RURAL and give nearest town
7	1000010101010101010101010101010101010101
	DDRESS Hence (If rull give location)
3. NAME OF (First) (Middle) (Last)	4. DATE (Month) (Day) (Year)
(Type or Print) Poole Maggie ame	
RACE: WIDOWED, DIVORCED.	RTH: 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS   Months   Daya   Hours   Min.
7 10.30 - 10	85 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	SENTENTIAL THE COUNTRY?
13. FATHER'S NAME:	OTHER'S MAIDEN NAME:
Louis Dunable &	all bone Stencer
	NFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	00
18. MEDICAL CERTIFICATION	INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT
4 ddid Apole	, them before 6 Months
IMMEDIATE CAUSE  (A)  DUE TO	0 1011 400
ANTECEDENT CAUSE (S)	my callily 10 yrs
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  OUT  OUT  OUT  OUT  OUT  OUT  OUT  OU	My callely 10 yr
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 2 OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. II (IF EITHER, NOTIFY MEDICAL EXAMINER)	IC. WHERE DID (City or town) (County) (State) JURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21E	. HOW DID INJURY OCCUR?
OF INJURY While M. While at work at work	
22. I hereby certify that I attended the deceased from?/.3,	953, to 7,/24, 1953, that I last saw the decease
alive on, 19 , and that death occurred at	M, from the causes and on the date stated above.
A. O Brigaret M.D.	Landy Speny med
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OF CHARLES OF	CREMATORY LOCATION (City, town, or county) (State

VS. A15-10-5



The

death clearly and legibly.

of

causes

write the

please

Physicians:

INK.

UNFADING

WRITE PLAINLY, WITH important.

especially

2 OR age

correct

PLEASE TYPE

3.

10A.

53	
D	
2	
-	
1	
l .	
0	
Ξ.	
A15	
ń	
-	

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	06882
6892 CERTIFICATI	E OF DEATH Reg. Dist.	No. 217
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Mante	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE Maryland county Monto	nd give nearest town)
Y TOWN OTHEY 2 days	TOWN Gaithersburg	×
HOSPITAL OR MONTGOMERY County	STREET (If rural give location)	<del></del>
73 STREET ADDRESS General Hospital, Inc	ADDRESS	
		Day) (Year)
(Type or Print) Annie Virginia	Pope DEATH: July	L3 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. 7/3]  Female White Specify: Married 7/3]	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	EAR IF UNOER 24 HRS.  Ays Hours Min.
OA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
work done during most of working life, even if retired): HOUSEWLIE		COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	D.M.
Rufus Stevens	Mary Kenney	
15. WAR DECEASED EVER IN U.S. ARMED FORCES?   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital Record	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ## 20.1  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	oronary Dulumin	3 days
(c)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	11, 19 to kelly/3, 1955, that I last	saw the deceased
alive on hely 13 , 19 5 , and that death occurred at	4:12M, from the causes and on the date ADDRESS DAT	stated above.
	I.D. Sully during, M	( )
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION 1613, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR  REGISTRAR  GETTENOLO B. Vormer	Funes Confirm Pair	ADDRESS Chersbury

JUL 22 1005

DECENTED

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1	68	83	
	Reg.		
		7	11

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Mortgonery MARYLAND	STATE MA COUNTY MINIS			
CITY (If outside corporate fimits, write FURAL OR and give nearest town)  TOWN  LENGTH OF STA (in this place)	CITY (If outside corporate limits write RURAL and gi	ve nearest town)		
The state of the s	- toward to prog	- 56		
HOSPITAL OR SIREET ADDRESS 9902 Manchister Rd	STREET ADDRESS 8902 Whenchester	Rd		
3. NAME OF DECEASED: (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) (Day) OF DEATH 7 - 17	(Year) 195J		
Served RACE: WIDOWED, DIVORCED, (Specify): Married Oct	TE OF BIRTH:  9. AGE last birthday: IF UNDER 1 YEAR  1 22, 1922   32 yrs. Months Days	Hours   Min.		
10a. USUAL OCCUPATION (Give kind of   10b. KIND OF BUSINESS)	OR   11. BIRTHPLACE (State or foreign country):   12. CI			
work done during most of work life, even if retired): Housewife - Cwn home	Detroit, Michigan U.	S. A.		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Marshall Peacock	Rachel McLeod			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:			
(Yes, no, or unk.) (If Yes, give war or dates of Yes	W. Taylor Potter,8902 Manchester Ro	d., SS		
	ICAL CERTIFICATION	NTERVAL BETWEEN		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH		
1910:20 (a) Bartitural	- bassare	2-0		
Immediate cause (a)		Jerming's		
Antecedent cause(s)	//	dead at		
Diseases or conditions, if any, (b)		time		
giving rise to the above cause DUE TO				
stating underlying cause last (c)				
TO THE DEATH BUT NOT RELATED TO THE WAY A DISEASE OR CONDITION CAUSING DEATH.	mental case and had taken			
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION		20. AUTOPSY?		
0		Yes 🗌 No 🛛		
21a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.  21b. PLACE (Home, farm, factors of the control of the co		(State)		
21d. TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While at Not while at work work at work				
22. I hereby certify that I took charge of the remains desc	ribed above, held an Autopsy [], Inspection [], I	nquiry [], and		
find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause [].				
SIGNATURE	CHIEF MEDICAL EXAMINER	DATE SIGNED		
Thank & Broschart	M. D. ASSISTANT MEDICAL EXAM.	7-17-55		
	ERY OR CREMATORY   LOCATION (City, town, or count	ty) (State)		
Cremation July 18.1955 Fort Lines	oln Crematory   Prince George's Co.	., Md.		
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS		
REG. 7-18-55 Frances Voller	Marnex & Tumburou Silver Si	pring.Md.		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

A15A - 5 - 53

M

BECEIVED

Bethesda, Md.

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6	0	Q	A
Ph.	×	u	13-
U	1.3	0.7	6.60

#### CERTIFICATE OF DEATH

Reg. Dist. No. 216

000%	7 0 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery MARYLAND	state Maryland county Montgomery
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY(If outside corporate limits, write RURAL and give nearest tow OR
X TOWN Bethesda 309 days	Town Kensington X
HOSPITAL OR The Clinical Center INSTITUTION OR THE Clinical Center STREET ADDRESS National Institutes of Health	STREET (If rural give location) ADDRESS 10310 Greenfield St.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
OECEASED: (Type or Print) George A. Po	owers DEATH: July 29 . 19 55
5. SEX:  6. COLOR OR  7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR
Male White (Specify): Married July 2	27, 1905 50 yrs. Months Days Hours Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH. COUNTRY?
even if retired): Nusic teacher Teaching	Mass. U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George E. Powers	Anna Macdonald
18. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or wak.) (If Yes, give war or dates of service) WW II 031-12-4108	The medical record, The Clinical Center
18. MEDICAL CERTIFICAT	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEA
430.0 (M)	A Thatian
1MMEDIATE CAUSE	e Bacteria Endocardita
	e Bacteria Endocarditie
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	ma of the Homach
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
12/6/54 Troperable Carcinon	a of the Itomach YES IN NO
21A. ACCIDENT WAS UNDERLYING OF 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., If either, notify medical examiner)	
OF INJURY M. Z1E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Sep 2	3 , 1954, to July 29, 19 55 that I last saw the deceas
	11:56 PM, from the causes and on the date stated above.
SIGNATURE	The Clinical Center DATE SIGNED
Byon di tahey M	D. Nat! I Inst. of Health 1/30/35
	37 7 . 0
Burial 8-2-1955 Artington	Nat'l Cem.   Arlington Virginia
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS

VS. A15 — 10 - 53

TYPE

PLEASE

of information carefully

Supply every item

OR WRITE PLAINLY, WITH UNFADING INK.

MARGIN RESERVED FOR BINDING

VNG 3 1822

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6	17	Q	5
U	-4	0	U

1	y. Tj	6785	CERTIFICATI	E OF DEATH Reg.	. Dist. No. 213-
	all.	1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME.) OF DEC	EASED:
	carefully legibly.	COUNTY Montgomeny	MARYLAND	STATE Med COUNTY	montjourery
P		CITY (If outside corporate limits, wrift on and over nearest town)  770WN Acous Park	RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RU OR TOWN Takona Pa	ik 17
~	item of information of death clearly and	HOSPITAL OR Washing 75 STREET ADDRESS	Worpe tal	STREET ADDRESS 1/3 Flu C	antion) Que
1	m of in death c	3. NAME OF DECEASED: (Type or Print)	JAMES R	DEATH: FLOOR	(Day) (Year) 3 1955
S. Colonia		M white (Specify	ved, divorced, 8/2	25/1871 83 yrs. Mont	ths Days Hours Min.
NG	y every causes	work done during most of working life, even if retired):	OB. KIND OF BUSINESS OR INDUSTRY:	V. BIRTHPLACE (State or foreign country):	: 12. CITIZEN OF WHAT
BINDING	Supply te the	M. have anknow	Raines	14. MOTHER'S MAIDEN NAME: Torephine last name	ie anteriora)
FOR E	INK. se wri	(Yes, no, or unk.) (If Yes, give war or dates of service)		Beyamir Raines	113 Elm and
Q	පු ස		18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
E	N a	I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	* · · · · · · · · · · · · · · · · · · ·	ONSET AND DEATH
ERVE	ADIN sf. pl	4-91X	Bri	nchopullumoma	unknown
SE	F	IMMEDIATE CAUSE	DUE TO		
RES	UNF	ANTECEDENT CAUSE (8)	1800	2 111 12	Les Karas
ARGIN I	ITH	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO	, ,	uneno-
AR	W	II OTHER SIGNIFICANT CONDITIONS C	(C)		
X	AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO	THE		
2	NI	DISEASE OR CONDITION CAUSING DE 19A. DATE OF OPERATION: 19B. MAJOR			
	7	194. DATE OF OPERATION: 198. MAJOR	R FINDINGS OF OPERATION		YES NO NO
I	VRITE PI	OR CONTRIBUTING CAUSE OF DEATH O	21B. PLACE (Home, farm, fact OF INJURY street, office bldg.,	etc. INJURY OCCUR?	(County) (State)
0	R WRI	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	21F. HOW DID INJURY OCCUR?	
		22. I hereby certify that I attended t	he deceased from 7/1	, 1955, to	I last saw the deceased
- CO	TYPE 0	7/2 ~~	nd that death occurred at	111	
10		· cent	luan, x	1.0.8401 thivers to Lave S.	'S. hd 7/3/55
A15 —	4	23. BURIAL CREMATION, DATE THERE REMATIAN (SPECIFIC PORTS)  7-3-5	5 NOME OF CEMETE		own, or couply) (State)
V.S.	PLE	DATE REC D BY LOCAL REGISTERS	STEN DUTCH	Ital Funeral Hord 481	2 Ha. Que NW wash
		, ,			

1055 JUL 7 1955

BECENAED

- "4.39 Garage 45)

Same

6995 CERTIFICATI	E OF DEATH Reg. Dist.	No. 2/6
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Montgomery MARYLAND	STATE Maryland COUNT	ry Montg.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY		
Town Kensington (in this place)	TOWN Kensington	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10127 Cedar Lane	STREET (If rural give location) ADDRESS 10127 Cedar Lane	1
3. NAME OF (First) (Middle)  DECEASED: (Type or Print) Anna Ra	(Last) 4. DATE (Month) (Day) a jacich OF DEATH: July 14	(Year) 19 55
5. SEX:   S. COLOR OR   7. SINGLE, MARRIED,   8. DATE   WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: If UNDER 1 YE.	
Female White Specify: Widowed Apr.	. 5 1877 78 yrs. Months 9	ys Hours Min.
10m. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife INDUSTRY:	Yugoslavia	ITIZEN OF WHAT OUNTRY? YES U.S. A.
I3. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Unknown	
15 WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No.:   17. (Yes, no, or unk.)   (If Yes, give war or dates of	INFORMANT & ADDRESS: Michael Rae	-son
H no service) none	10127 Cedar Lane Kensington,	Md.
Immediate cause  Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  DUE TO	i Coma	1 cay
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	ealized artemosclerois	30 year
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	t, (CITY OR TOWN) (COUNTY) (ST	TATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED   While at Not While INJURY   Mork   At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/12	,195 (, to) / 4, 195 (, that I last s	saw the deceased
alive on 1953, and that death occurred at	7. 30 Oxform the causes and on the date s	
23. BUILL CREMATION DATE THEREOF NAME OF CEMETE BUTTAL Transit 7-15-55 Calvary Cem	DERY OR CREMATORY LOCATION (City, town, or countery St. Louis Co.	minty)/ (State) Minneapol:
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR	ADDRESS Mo

PLAINLY, WITH UNFADING INK. Supply every item of information careful MARGIN RESERVED FOR BINDING

The correct

VS. A15

PLEASE WRITE



write the causes of death clearly and legibly.

Physicians: please

age is especially important.

PLEASE WRITE PLAINLY, WITH

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06887

6896 CERTIFICATE OF DEA	TH Reg. Dist. No. 211
1. PLACE OF DEATH: 2. USUAL RESIDE	NCE (HOME) OF DECEASED:
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  YOWN Rural - Damascus Years  HOSPITAL OR  HOSP	e corporate limits, write RURAL and give nearest town  ural - Damascus X  (If rural give location)
STREET ADDRESS R.F.D. Mt. Airy	R.F.D. Mt. Airy
work done during most of working life, INDUSTRY:	ydard
None James D. R	idgley, Mt. Airy, Md.
18. MEDICAL CERTIFICATION  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH    56,	Interval Betwee
giving rise to the above cause stating the underlying cause last. DUE TO	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, office bldg., etc.)   INJURY   TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED   HOW DID INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY OCCURED At Work	OCCUR!
alive on 19, 3, 19, 5, and that death occurred at 12:50 AM from (Deduce or title)  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 124. FUNERAL DIRE	LOCATION (City, town, or county)  Damascus, Maryland
- Julia Ci, Janaen I all III	Total dir, Damascus, Mu.

VS. A15

BECEINED

BUREAU V. S.

9361 4 JNC

f info	death
o ma	s of
very it	cause
ly e	the
Supp	write
INK.	please
UNFADING	age is especially important. Physicians: please write the causes of death
Y. WITH	important.
PLAINI	pecially
WRITE	ge is es
SE	ಹ

VS. A15A - 5 - 53

6897		06888
MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 214
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MORTEN MARYLAND	STATE MA COUNTY MON	tymung
CITY (If outside corporate limits write RURAL OR and give nearest town) (in this place)  TOWN (If outside corporate limits write RURAL (in this place)	CITY (If outside corporate limits write RURAL a OR TOWN Chery Chase	po give nearget town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8412 Farrell St	STREET ADDRESS 8412 Fairel	) of
3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (D	ay) (Year)
RACE: WIDOWED, DIVORCED,		1 YEAR   IF UNDER 24 HRS. Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY: even if retired):		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
2 bruham Riffin	Cirona Westin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	Ilu 2
18. MEDIC	AL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronory	orclusion	sudden.
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING Defence of the bldg., etc CAUSE OF DEATH.	7, 21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. M. While at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy [], Inspection	d, Inquiry , and
find that death resulted from: Natural causes , Acci		
	RY OR CREMATORY   LOCATION (City, town, or	
REMOVAL (Specify) ( 7/28/55 Wath m	im Park Falls Church.	Va
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE REG. 9-55 Trances Stiller	24. FUNERAL DIRECTOR	17-9-SYNW
		Wooh be

SS61 & 501

BECEINED

MARYLAND S	STATE DEPARTMEN	NT OF HEALT	H—BALTIMOR	E, 18	06	889	
6898	CERTIFICATI	E OF DEAT	H F	Reg. Dist	. No.	216	>
I. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF DECE	EASED:			
COUNTY Montgomery	MARYLAND	STATE Marvl	and county Mo	ntgom	erv		
CITY (If outside corporate limits, write OR and give nearest town)  TOWN Bethesda	RURAL LENGTH OF STAY (in this place) 14 hours	CITY (If outside of	corporate limits, write I			nearest	town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hos		STREET	(If rural, given 17 Dixon Aven		n)	1	
3. NAME OF (First) DECEASED: (Type or Print) CATHERINE C	(Middle) ARTER ROCHE	(Last)	4. DATE (Mont OF DEATH:			(Year) 19 5-1	
	WED, DIVORCED,	of BIRTH: 20, 1908	9. AGE last birthday:	IF UNDER Months	I YEAR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker	10b. KIND OF BUSINESS OF INDUSTRY: Own Home		(State or foreign count	try):	CO	IZEN OI UNTRY	?
13. FATHER'S NAME:		14. MOTHER'S MAIL	DEN NAME:				
Joseph J. Carter		Agnes Lyo	ns				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		informant & ADD	RESS:	Ave.,	Sil	Md. ver S	pring
I. DISEASES OR CONDITIONS DIRECTLY: 433./ Immediate cause (a)	LEADING TO DEATH:	ertification	ins and Fils	05/5	ON	ERVAL BE SET AND	
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating underlying cause last  (c)	Chronic E	ulohin,	Recur	out.	8	4-ea	Buda
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but no related to the disease or condition causing	t death. Chronic Car	diac Failur	٤.		6	-742	ais.
19a. DATE OF OPERATION: 19b. MAJOR						AUTOP:	
21. ACCIDENT (Specify) PLA OF INJUDE	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CPTY OR TOW	(COUN	TY)	(STAT	E)	
TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY	OCCUR?				
22. I hereby certify that I attended to alive on July 21, 19.5., and SIGNATURE	that death occurred at  (DEGREE OR TITLE	E) ADDRESS	6.0	t I last	saw the stat	ed abov	ased re.

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF (State)

23. BURIAL, CREMATION REMOVAL (Specify): July 23,1955 Druid Ridge Cemetery Baltimore, Maryland REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REG.

24 FUNERAL DIRECTOR Silver Spring,

ADDRESS



VS. A15-10-53

9	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	116890	
r. Th	6786 CERTIFICATI	E OF DEATH Reg. D	ist. No. 223-	
carefully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	SED:	
are egi	COUNTY // ONTG MARYLAND	STATE /// COUNTY ///		
7 7	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURA)	L and give nearest town)	
tion	17 TOWN TAKOMA TARK	TOWN TAKEMA TAR	K 17	
of information carefully ath clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS 7314 WILLIAM AVE	STREET ADDRESS 7314 WILLOW	AVE	
inf	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) A (Year)	
em of i	(Type or Print) MARY OLIVIA RO	DGERS OF DEATH: July	8th 1955	
it	5. SEX: 6. COLOR OR 7/ SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify) WIDOWED JAN	23, 1881 9. AGE last birthday IF UNDER Months	Days Hours Min.	
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10 MMM OF BUSINESS	11. BIRTHPLACE (State or foreign country): 11.  PARIS, TEXAS	2. CITIZEN OF WHAT COUNTRY?	
oly ie	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
Supply te the c	Jon CRAIG		CRAIG	
IK. wri	18. WAR DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service)	MRS MARY SARFILE ACE	314 WILLOW AVE	
NG IN	18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN	
N d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
Ī	153X PULM	INJAMES CAULIRE	2 MALLS	
FA	IMMEDIATE CAUSE (A)	The color	- 1277J	
TH UNFADING Physicians: plea	ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. (B)  HETA	STATIC CARCINOMA	1 YEAR	
WITH at. Phy	STATING UNDERLYING CAUSE LAST.		11/2 YEDRS	
nt.	(C) C1-71CANO	MA OF COLON.	1.1-104/-5	
Y,	TO THE DEATH BUT NOT RELATED TO THE			
P P	DISEASE OR CONDITION CAUSING DEATH.			
PLAINLY, W	19a. Date of operation: 19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF	COLON	20. AUTOPSY?	
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ctory, 21c. WHERE DID (City or town) (Co	unty) (State)	
SIT pe	(IF EITHER, NOTIFY MEDICAL EXAMINER)   21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	D   21F. HOW DID INJURY OCCUR?		
× 200	OF INJURY  M. While Not while at work at work			
puted.	22. I hereby certify that I attended the deceased from 3/	29, 19.55, to 7/8 , 1957, that I le	ast saw the deceased	
	/ / 20 57	9 M, from the causes and on the dat		
SE TYPE	SIGNATURE WILLIAM WAR	ADDRESS I	DATE SIGNED	
SE		ERY OR CREMATORY   LOCATION (City, town,	or county) (State)	
PLEAS	23. BURYAL GREMATION, DATE THEREOF NAME OF CEMET REMOVAL GPECIFY) July 1,1955 Clar Hill	Erematory Smithand Pr	Sus Ec. MA	
PL	DATE REC'D BY LOCAL REGISTRAT'S SIGNATURE	24 MUNERAY DIVESTAR 254 P	A ASPRESS IN W	
	JUTY-8-1955 J. 11 Won Notto	Junus (allers	PASIN	

300 11 300

DECEMED

MARGIN RESERVED FOR BINDING

A15. VS.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 2/6 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH:

06891

tion cand land l	OR and give nearest town TOWN	OR TOWN B +	and give hearest town)
item of information of death clearly and	HOSPITAL OR INSTITUTION OR Jububan don ital	STREET (If pural give location)	ok Drive
m of ind death cl	DECEASED: (Type or Print)  Down Low Co	sander OF DEATH July	Day) (Year) 9 19 J J
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED. (Specify Control of the contr	201842 83 yrs. Months 3	Days Hours Min.
y every causes	work done during most of working life, even if retired): Retired	Sweden	CONTENT OF WHAT
pply	13. FATHER'S NAME;	14. MOTHER'S MAIDEN NAME:	A Just
Supply ite the c	Unknown	Umknown	1000
K.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: 790 A.C. Rosander Son, Bes	thereda mis
	18. MEDICAL CERTIFICAT	TION	INTERVAL PETWEEN
NI	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	2 - 9 . 1	ONSET AND DEATH
AD s:	IMMEDIATE CAUSE (A)	spiralery + active	6 hes.
UNFADING sicians: plea	ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, (B)	Failury - A-V Block	2 weeks
WITH it. Phys	STATING UNDERLYING CAUSE LAST.  (C)	isosoleron and Eulanal He	at 2 mg
, E	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	- Partie	
7	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
ent.	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		ity) (State)
×	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	4
ge is	22. I hereby certify that I attended the deceased from	26, 1955 to 7/9, 1955, that I las	t saw the deceased
F 22	alive on 7, 195, and that death occurred at SIGNATURE	1:35AM, from the causes and on the date	stated above.
		1. D. Clean Chan M	19/55
EASE	Burial transit 7/10/1955   NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, o Mason Co. Mi	
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 7	024. FUNERAL DIRECTOR	ADDRESS

BUREAU V. &

961 87 7nr

Entriel-Itenant Tyle/Tyba Marconside

Welney day

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	06892
----------	-------	------------	----	-------------------	----	-------

6787 CERTIFICATE OF DEATH

Reg. Dist. No. 223

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:	
legibly	COUNTY Mentanmeny MARYLAND	STATE /1101/ DA COUNTY		
leg	COUNTY // Chtgomers MARYLAND  CITY (If outside corporate limits write RURAL) LENGTH OF STAY	STATE Wash DC COUNTY CITY(If outside corporate limits, write RURAL and give nearest tow		
	OR and give nearest town) (in this place)	OR	ind give nearest town;	
and	MON TAKOMA PARK 2mos 8da	TOWN Wash OC	47X-2	
Y	HOSPITAL OR	STREET (If rural give location)	1	
clearly	15 STREET ADDRESS Wash. San. + hosp.	3850 Tunlaw	Rd	
cl cl				
끉	DECEASED: 5	OF	Day) (Yesr)	
death		ANDOE DEATH: 7	1955	
	RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y		
of	M (Specify): MARRIED 2 -	- 8 - 6 / 94 yrs. Months D	ays Hours Min.	
causes	IOA. USUAL OCCUPATION (Give kind of: 108. KIND OF BUSINESS		CITIZEN OF WHAT	
au	work done during most of working life. OR INDUSTRY:	0.	COUNTRY?	
-	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	USA	
the	13. FAIRERS NAME:	N /		
9	Anthony Sandre	Rebecca Ceder		
Ţ.	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
**	(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs, Laura Sandoe	Jamo	
ease	18. MEDICAL CERTIFICAT			
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
_	456X	1 0	A DEXIM	
S	IMMEDIATE CAUSE (A)	ati. Proles manies	3 dings	
lar	ANTECEDENT CAUSE (S)			
Physicians	DISEASES OR CONDITIONS, IF ANY. (B)	e night leg.	2 111 11	
hy		Carrier as J.	3 mercas	
ы	STATING UNDERLYING CAUSE LAST	.1. 0001	2 1	
nt.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ritis Galeterany	1 3 weller	
portant.	TO THE DEATH BUT NOT RELATED TO THE	1. +	1	
OC	DISEASE OR CONDITION CAUSING DEATH.	cardily.		
m	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	4	20. AUTOPSY?	
			YES NO NO	
113	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact	tory. 21c. WHERE DID (City or town) (Count	(State)	
cia	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,		(50000)	
be	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	2   21F. HOW DID INJURY OCCUR?		
ě	OF INJURY While Not while	ZII. HOW DID HOOK! OCCOR!		
52	M. at work Lat work			
0	22. I hereby certify that I attended the deceased from 4-2	c. , 19.55 to ) - 2 , 19 5 5that I last	saw the deceased	
8	alive on 7. 3 10.5 Cand that death occurred at	a Ve M from the causes and on the date	stated above	
ect	alive on 3 , 19 55, and that death occurred at	ADDRESS DAT	E SIGNED	
re	1. 1. De llaga	. D. 5039 Knizas aug hell	7-3-55	
corr		ERY OR CREMATORY   LOCATION (City, town, or	county) (State)	
		rematory Woohings		
	July 11 1 100 Car	Common of the state of		
	PAGESTRAR LOCAL RECESTAR'S SIGNATURE	FUNERAL PRECTOR	ADDRESS	

S 'A DESEND A S

5301 2 7NC

BECEINED

A15-VS. 06893

CERTIFICATE OF DEATH 69 0

Reg. Dist. No. 2/6

F W (Specify): Married 1, October 1906 48 yrs. Month Page Hours Min  10A. USUAL OCCUPATION (Give kind of working life of work on during most of working life of work of working life of Housewife of Hous	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
OR and contents limits, write RURAL in ENERTH OF STAY OR and give general town of the percent form)  OR and give general town or the Clinical Center  OR and give general town or the Clinical Center  HOSPITAL OR The Clinical Center  HOSPITAL OR THE Clinical Center  HOSPITAL OR THE CLINICAL CENTER OF THE CLINICAL CENTER OF THE CONTENT OF THE CLINICAL CENTER OF THE CONTENT OF THE CLINICAL CENTER OF THE CLINICAL C	Montgomery	Md Mt			
Town and give agreed town)  Hospital or The Clinical Center    Control of Con	COUNTY				
STREET ADDRESS NATIONAL INSTITUTION OR STATE OF STREET ADDRESS NATIONAL INSTITUTION OR STREET ADDRESS NATIONAL INSTITUTION OF INJURY MEDICAL EXAMINER)  1. SAME OF CITY OF PIND, LUCY CLYDE OF CLYDE OF SCHACK SCHOOL OF CLYDE OF CL	OR and give nearest town) (in this place)	1 OR /10.			
3. NAME OF CIPTOR (First) (Middle) (Last) OF BEATH. July 19, (Year) OF DECRASED: (Last) OF DEATH. July 19, 1955  5. SEX:   O. COLOR OR   N. SINGLE, MARRIED, WIDOWED, DIVORCED, INTERPRETATION (Give kind of Middle)   October 1906   A. October 1906	INSTITUTION OR	ADDRESS O : O: 7 : D : (C			
DECASED:  OEATH: July 19, 1955  SEAR:  OEATH: July 19, 1955  Chatham Burial Park  OEATH: July 19, 1955  SEAR:  OEATH: July 19, 1955  Chatham Burial Park  OEATH: July 19, 1955  SEAR:  OEATH: July 19, 1955  Chatham Burial Park  OEATH: July 19, 1955  SEAR:  OEATH: July 19, 1955  Chatham Burial Park  OEATH: July 19, 1955  SEAR:  OEATH: July 19, 1955  Chatham Burial Park  OEATH: July 19, 1955  Chath	OSTREET ADDRESS National Institutes of Healt	h 5310 wakerleid Road (Green Acres)			
5. SEX: 6. COLOR OR 7 VIDOMED DIVORCED. SPECIFICATION (Give kind of Work one during most of working life. (Specify): Martied 4 October 1906 48 yrs. Months 1925 Hours Min Months	DECEASED: Twoy Clade S				
work done during most of working life. even if retired?: Housewife   Virginia   Virginia   USA    13. FATHER'S, NAME: (First Name unicnown)   14. MOTHER'S MAIDE NAME: Ewile Morris    15. WAD RECEASED EVEN IN U.S. ADMED FORCES? (Yes, no. or junk.) (if Yen, give war or dates   16. Social Security No.   17. Informant & Address: The medical record, The Clinical Center    15. MEDICAL CERTIFICATION   INFORMANT & ADDRESS: The medical record, The Clinical Center    16. MEDICAL CERTIFICATION   INFORMANT & ADDRESS: The medical record, The Clinical Center    16. MEDICAL CERTIFICATION   INFORMANT & ADDRESS:   INFORMANT & ADDRESS    17. INFORMANT & ADDRESS:   INFORMANT & ADDRESS    18. MEDICAL SECURITY NO.   None   INFORMANT & ADDRESS    18. MEDICAL CERTIFICATION   INFORMANT & ADDRESS    19. MADDRESS   INFORMANT & ADDRESS   INFORMANT   INFORMANT & ADDRESS    10. THE MEDICAL CAUSE (B)   INFORMANT & ADDRESS   INFORMANT   INFORMANT & ADDRESS    10. MEDICAL SECURITY NO.   INFORMANT & ADDRESS   INFORMANT   INFORMANT & ADDRESS    10. THE MEDICAL CAUSE (B)   INFORMANT & INFORMANT   INFORMA	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DAT	E OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.			
13. FATHER'S, NAME: (First Name unknown) (If yes, give war or dates (Yes, no. or lunk.) (If yes, no. or lunk.) (If yes,	work done during most of working life. OR INDUSTRY:				
S. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, No of unk.) If Yes, give war or dates  None  18. Medical security No.  None  18. Medical certification  18. Medical certification  18. Medical certification  19. Medical record, The Clinical Center  19. Medical record and the decease of the Medical record at 6:354 M, from the causes and on the date stated above.  19. Medical record at 6:354 M, from the causes and on the date stated above.  19. Medical record at 6:354 M, from the cause and on the date stated above.  19. Medical record at 6:354 M, from the cause and on the date stated above.  19. Medical record at 6:354 M, from the cause and on the date stated above.  19. Medic	3 FATHER'S NAME:				
Yes, No. or unk.   of service    None   The medical record, The Clinical Center	(First Name unknown)	Ewile Morris			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (A) MALEGRAN MULLIARING MULLIPLE M	S. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  TO THE ABOVE CAUSE  OUE TO  CO  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,  9A. DATE OF OPERATION:  None  13B. MAJOR FINDINGS OF OPERATION  None  14A. ACCIDENT WAS UNDERLYING TO THIS LITTURE (Month) (Day) (Year) (Hour)  15B. MAJOR FINDINGS OF OPERATION:  NONE  11D. TIME (Month) (Day) (Year) (Hour)  12I. MILL (Ronth) (Day) (Year) (Hour)  12I. MILL (Ronth) (Day) (Year) (Hour)  12I. TIME (Month) (Day) (Year) (Hour)  12I. MJURY OCCURRED While 12II. HOW DID INJURY OCCUR?  While 13II. TIME (Month) (Day) (Year) (Hour)  13II. TIME (Month) (City or town) (County)  13II. TIME (Month) (City or town) (County)  13II. TIME (Mon	No of service) (If Yes, give war or dates None	The medical record, The Clinical Center			
None    198. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?   No   21. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH OF INJURY street, office bldg., etc.   INJURY OCCUR?   INJURY OCCU	IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	ent Melanoma e multigle Metadent			
None    None   N		ON 20 AUTOPSY?			
None  ID. TIME (Month) (Day) (Year) (Hour)  OF INJURY  21. I hereby certify that I attended the deceased from March 22,1955, to July 19,1955, that I last saw the deceased alive on July 19, 1955, and that death occurred at 6:35A M, from the causes and on the date stated above.  SIGNATURF  M. D. The Clinical Center, NIH July 19, 1955  NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State REMOVAL (SPECIFY) RY LOCAL   REGISTRAR'S SIGNATURE  DATE RECORD BY LOCAL   REGISTRAR'S SIGNATURE	None None				
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work 21F. HOW DID INJURY OCCUR?  While Not while at work 21F. HOW DID INJURY OCCUR?  While Not while at work 22,1955, to July 19,1955 that I last saw the deceased alive on July 19, 1955, and that death occurred at 35A M, from the causes and on the date stated above.  ADDRESS DATE SIGNED  23. BURIAL. CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State Purial Park Chatham, Virginia)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		g., etc.   21C. WHERE DID (City or town) (County) (State)			
alive on July 19, 1955, and that death occurred at 6:35A M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED  M. D. The Clinical Center, NIH July 19, 1955  NAME OF CEMETERY OR CREMATORY  Burial  DATE REC'D BY LOCAL   BEGISTRAR'S SIGNATURE  DATE REC'D BY LOCAL   BEGISTRAR'S SIGNATURE  ADDRESS  ADDRESS	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  While Not while				
alive on July 19, 1955, and that death occurred at 6:35A M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED  M. D. The Clinical Center, NIH July 19, 1955  NAME OF CEMETERY OR CREMATORY  Burial  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS					
Burial 7-22-55 Chatham Burial Park Chatham, Virginia	alive on July 19, 1955, and that death occurred at 6:35A M, from the causes and on the date stated above.  ADDRESS  M. D. The Clinical Center, NIH July 19, 1955  23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETERY OF CREMATORY   LOCATION (City, town, or county) (State				
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   FUNERAL DIRECTOR ADDRESS	7-99-55 Chatham R	urial Park Chatham, Virginia			
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE				

JUL 22 1055 BECEIVED

BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	06894
CERTIFICATE OF DEATH  Reg. Dis	st. No. 2/6
Items 5,6,7, FilmGl84 7-28-55 et  1. PLACE OF DEATH:  2. USUAL RESIDENCE (HOME) OF DECEASED:	- 4
county Montgomery J MARYLAND STATE Maryland cou	INTY Mont
CITY (If outside corporate limits, write RURAL LENGTH OF STAY) CITY (If outside corporate limits, write RURAL	
OR and give nearest town) (in this place) OR TOWN SOMERSET	X
DOSPITAL OR INSTITUTION OR STREET ADDRESS 5419 Uppingham St.	on)
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (DECEASED: (Type or Print) WALTER H SCHOELLKOPF DEATH: 7-15-195	ay) (Year) 5 19
Male White (Specify): Widower (CT 1/=1/82) .yrs.	Daya Hours Min.
work done during most of working life, INDUSTRY:  We work done during most of working life, INDUSTRY:  We work done during most of working life, INDUSTRY:  Beffals N	COUNTRY?
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	/
LOUIS SCHOELKOPT MYRA L. HORTON	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:  (Yes, no, or unk.) (If Yes, give war or dates of service) 11/4/4/1.  WALTER SCHOEIKOPF. 11/4511.	ington De
18. MEDICAL CERTIFICATION	Interval Between
In diseases or conditions directly leading to death  420.0  Immediate cause  (a) principle food disease	5 3 And Dear
Antecedent causes (s)	
Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.  DUE TO	• • • • • • • • • • • • • • • • • • • •
O24× (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	20 yours
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY)  OF office bldg., etc.)	(STATE)
Time (Month) (Day) (Year) (Ilour) INJURY OCCURED OF While at Not While Not While Work At Work	
22. I hereby certify that I attended the deceased from 3., 1953, to 1955, that I las	st saw the decease
alive on 1955, and that death occurred at 2.15 pm, from the causes and on the date (Degree or title)	e stated above. DATE SIGNED 15.19.35
M. BURNOL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (My, town, or REMOVAL (Specify)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 124. FUNERAL DIRECTOR WaSh. DC	ADDRESS
REGISTRAR - //	Ve.NW

DECENDED

SS61 88 1/1/1

BUREAU V. S.

Supply every item of information carefully. The

### 06896 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6972

CERTIFICATE OF DEATE	CER	TIRIC	ATTE	OF	DEA	TH
----------------------	-----	-------	------	----	-----	----

		100		
1.	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:	
200	COUNTY Montgomery MARYLAND	STATE Virginia COUNTY Nass	amond	
and legibly	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL a	and give nearest town	
a Z	( TOWN Bethesda   159 days	TOWN Suffolk	83 x 3	
clearly 5	HOSPITAL OR The Clinical Center	STREET (If rural give location)		
	STREET ADDRESS Natl. Institutes of Health	110 Parkway	<u> </u>	
death 2		Last) 4. DATE (Month) (1) EPHERD OF DEATH: July	Day) (Year) 27 1955	
5 de	SEX:  6. COLOR OR  7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 1		
ot	M RACE: WIDOWED, DIVORCED. (Specify): Married Aug. 28	3, 1896 58 yrs. 10 2	9 Hours Min.	
causes	A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT	
can	even if retired) Credit mgmt. Not stated	Nebraska	U.S.A.	
	. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
9	George Shepherd	Bertha Bridwell		
	WAS DECEASED EVER IN U.S. ARMED FORCEST   18. SOCIAL SECURITY ND.	17. INFORMANT & ADDRESS:		
	(es, no, or unk.) (If Yes, give war or dates of service) Unknown	The medical record, The Clinic	al Center	
please	18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN	
	190× MT+t.	1	1/22/1000	
ns	IMMEDIATE CAUSE (A) TELASIANO	melangma with brain	0422/35	
ICIB	ANTECEDENT CAUSE (S) DUE TO Stem com	ream	100	
2 0	DISEASES OR CONDITIONS, IF ANY, SIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	melanona	1948	
	(C)		0.00	
important.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Pulme	mary metastaces		
ort	DISEASE OR CONDITION CAUSING DEATH.	mitte, aspiration		
E 19	A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
	2/22/55 Melanoma, left ten	mpgal lobe	YES NO	
C OF	A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facts CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., FEITHER, NOTIFY MEDICAL EXAMINER	orý, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	ty) (State)	
ds 21	D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
is o	While Not while at work at work			
	2. I hereby certify that I attended the deceased from Feb.	18 . 19 55, to July 27, 19 55, that I last	saw the deceased	
ම 22 ක්	alive on July 27, 1955, and that death occurred at 137 MDM, from the causes and on the date stated above.			
ct				
correct	Anoch Robbins M.	D. Natil Inst. of Health	7/27/55	
S 2:	BURIAL CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or		
B	urial-transit 7/30/1955 Hollylawn	Nansemond Co.	Virginia	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	34. FUNERAL DIRECTOR	ADDRESS	
	8/1/55 Dessie M. Hompson	Roberts a. Tumphr Beth	esda, Md.	

BUREAU V. E.

. 1022

The

Supply every item of information carefully.

of death clearly and legibly.

causes

the

write

please

Physicians:

important.

especially

37

correct

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06897 69 3 Item 9, Film Cl84 7-18-55 et OF DEATH Reg. Dist. No. 216				
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Montgomery MARYLAND	STATE Md. COUNTY Montg	omer y		
CITY (If outside corporate limits, write RURAL CITY of STAY and give nearest town)  TOWN Dethesqu	CITY(If outside corporate limits, write RURAL at OR Bethesda	nd give nearest town)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS 8618 Irvington Ave			
DECEASED: IDA M	SHIPP OF July	Ony) (Year) 6 1955		
F WIDOWED DIVORCED Oct 2	O, 10/9 /// 10 yrs.	ays Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At HOME	Virginia Virginia	CITIZEN OF WHAT		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Patrick Willingham	Unknown			
(Yes, no, or unk.) (If Yes, give war or dates of service) 18. Social Security No.	8618 Irvington Ave. Bet			
IS. MEDICAL CERTIFICAT  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  18. MEDICAL CERTIFICAT  (A) 2 CUTE CON  DUE TO	ROMIN.			
(c) hypertens	5100	Unk.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	y) (State)		
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work				

22. I hereby certify that I attended the deceased from 15 May , 1955, to 6 July , 1955, that I last saw the deceased alive on 1955, and that death occurred at 3 35 PM, from the causes and on the date stated above.

SIGNATURE

ADDRESS

7659 Beerge foun Rd.

DATE SIGNED

M. D.

M. D.

M. D. age

Falls Church, Viz BURIAL CR REMOVAL CR DUI 191 CREMATION, Name of CEMETERY OR CREMATORY National Mem. Park Ce DATE THEREOF SPECIFY)

9 Wm Lee's Sons Co. -300h4 DATE REC'D BY LOCAL SIGNATURE REGISTRAR

(State)



Saot II JUL

BUREAU V. S.

Supply every item of information carefully. The

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06898

6994

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE Virginia county Arlington
CITY (If outside corporate limits, write RURAL OR and give nearest town)  X TOWN  Bethesda  LENGTH OF STAY (in this place)  101 days	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington 83 x _ 3
HOSPITAL OR The Clinical Center INSTITUTION OR THE Clinical Center STREET ADDRESSNational Institutes of Health	STREET (If rural give location) ADDRESS 4001 Little Falls Road
DECEASED: Della	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: July 12 19 55
RACE: WIDOWED DIVORCED.	1, 1905  9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Hours   Min.
work done during most of working life, even if retired);  even if retired);  Covernment employee	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Utah Utah
Government employee   Delense Department	14. MOTHER'S MAIDEN NAME:
Ralph F. Snow	Martha Horracks
15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service)    Ver	The medical record, The Clinical Center
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
April 21, 1955 Extensive carcinoma of fac	e, maxilla & nasal & oral cavities X NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	
alive on July 12 , 1955, and that death occurred at SIGNATURE Horace Herbonson M  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY) 7/15/1955 A plington N	The Clinical Center  D. National Institutes of Health  ERY OR CREMATORY   LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 7-1/411	24. FUNERAL DIRECTOR ADDRESS



1325 JUL 18 1325



Annual new store make

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

# 69)5 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

			1	1	1
Reg.	Dist.	No.	d	/	6

06899

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
Montgomery				
COUNTY	state Virginia county Alexandria			
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Bethesda  LENGTH OF STAY (in this place)  76 days	City(If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria 83X-3			
50 INSTITUTION OR The Clinical Center STREET ADDRESS National Institutes of Health	STREET (If rural give location)			
	(Last)   4. DATE (Month) (Day) (Year)			
DECEASED: (Type or Print) Antonio Cornelio	Sonneveldt OF July 26 19 55			
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, WARRIED, WIDOWED, DIVORCED, May 18	9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.			
work done during most of working life,  Airen if retired lovee  OR INDUSTRY:  Commerical Flying	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Argentina  Argentina			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Anthoni o Sonneveldt	Metje Pruisen			
(Yes, no, or unk.) (If Yes, give war or dates of service)  18. Social Security No.  Unknown	The medical record, The Clinical Center			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	n pneumonia  lymphoma			
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
	YES NO NO			
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY office bidg., etc. INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While Not while at work at work =				
22. I hereby certify that I attended the deceased from May alive on July 26, 1955, and that death occurred at SIGNATURE  23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETIC REMOVAL (SPECIFY)  Burial July 29, 1955 Parklawn Control of the Registrar July 28, 1955 Parklawn Control of the Registrar July 28, 1955 Parklawn Control of the Registrar Parklawn Control of the Regi	8:05PM, from the causes and on the date stated above.  The Clinical Center  DATE SIGNED  DATE SIGNED  OF Health  OF Health  OF CREMATORY  LOCATION (City, town, or county)  (State)			

BUREAU V. S.

2361 I 5UA

BECEINED

			TAT
0	0	0	C
13	9	- 5	0
V	47	3	0

CERTIFICATE	Reg. Dist. No. 2/6			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Montgomery MARYLAND	STATE COUNTY			
CITY (If outside corporate limits, write RURAL Corporate limits, write RURAL (in this place) X TOWN Bethesda LO7 days	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C. 47x-3			
HOSPITAL OR The Clinical Center Sostreet Address Natl. Institutes of Health	STREET ADDRESS 2544 - 17th St. N.W., Apt. 3			
DECEACED.	Matis  4. DATE (Month) (Day) (Year)  OF DEATH: July 8 1955			
RACE: WIDOWED DIVORCED	of BIRTH: y li, 1899  9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.			
to A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Mass.			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Ignatius Dwan	Cora McIntyre			
18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
(Yes, no, or unk.) (If Yes, give war or dates of service) Unknown	The medical record, The Clinical Center			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Uremia associated with pyelonephritis, left (A) With an abscess in the left illio-psoas muscle (B) DUE TO Carcinoma of the colon metastatic to the peritoneum. Lymph nodes, and to the tissue about the left ureter with obst. Of the DUE TO Left ureter.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Multiple perforations of the bowel with to the death but not related to the adhesions. Fibrinous pericarditis, multiple disease or condition causing deathpetechiae, skin, neart, intestine.  19a. Date of Operation: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7				
April 5, 1955 Recurrent & Metastatic cancer of colon with urinary Nesking New Properties New Yesking N				
21A. ACCIDENT WAS UNDERLYING \( \sum \) 21B. PLACE (Home, farm, facto OF CONTRIBUTING \( \sum \) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) \( \sum \) ONE	Pry. 21C. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar 23., 1955, to July 8., 1955, that I last saw the deceased alive on July 8., 1955, and that death occurred at 2:50PM, from the causes and on the date stated above.  SIGNATURE  The Climical Center  M. DNational Institutes of Health 9/1/1/35  23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)				

MARGIN RESERVED FOR BINDING

UNFADING INK.

Physicians:

especially important.

correct age

DATE REC'D BY LOCAL

REGISTRAR

Supply every item of information carefully.

please write the causes of death clearly and legibly.



BUREAU V. S.

MARGIN RESERVED FOR

TYPE

PLEASE

- 53 10

A15

VS.

da, Md.

6977

# CERTIFICATE OF DEATH

	deg. Dist. No.
1. PLACE OF DEATH: U.S. Naval Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED:
Bethesda Montgomery MARYLAND	STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL OR and give nearest town)  X TOWN RURAL Bethesda  LENGTH OF STAY (in this place) 19 Days	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
HOSPITAL OR U. S. Naval Hospital, 5/STREET ADDRESS NNMC, Bethesda 14, Md.	STREET (If rural give location) ADDRESS 4624 S. Chelsea Lane
DECEASED:	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: July 16 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. Caucsian (Specify): Married 10 Jul	of BIRTH: 9. AGE last birthday    Punder   Year   Hours   Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	Washington, D.C.   12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ralph C. WILTON	Amy L. FULLER
(Yes, no, or unk.) (If Yes, give war or dates of service)  18. Social Security No.  Unknown	17. INFORMANT & ADDRESS: Ernest E. STEVENS 4624 S. Chelsea Lane, Bethesda, M.
STATING LINDERS VING CALISE LAST	act pelic Peritoritis Carcinoma, Becum.
TO THE DEATH BUT NOT RELATED TO THE DESTANDANT OF CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.	therapy + atrophic arthuris 3 mosis
194 PATH OF EPERATION: 196 WAJOR ENDINGS OF OPERATOR  194 PATH OF EPERATOR: 196 WAJOR ENDINGS OF OPERATOR  216 ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fact	tory, 21c. WHERE DID (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg	etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 26. July	ne , 19.55, to 16 July, 19.55that I last saw the deceased
alive on 16 July, 1955, and that death occurred at significant U.S. Naval Hospit	12:45PM, from the causes and on the date stated above.  ADDRESS  al, NNMC, Bethesda, Maryland
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 7-19-55 Arlington	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 7-16-55  Days of Fasselle	R. A. PUMPHREY, 7557 Wis. Ave. Bethes
	da, Md



A STATE OF THE STATE OF THE STATE OF

THE RESIDENCE OF THE PARTY OF T

· 中国中国

MARGIN RESERVED FOR BINDING

VS. A15

2000	MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	06902
							4 1

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

	Meg. Dist. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONTGOMERY MARYLAND MD	STATE MD. COUNTY MONTGOMES	1
CITY (If outside corporate limits, write RURAL, LENGTH OF STA'	Y CITYIII outside corporate limits, write RURAL and give nearest	town)
OR and give nearest town)  OR TOWN BETHESDA  (in this place)  24 Viss	TOWN RETUESDA	(
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
V	4700 SOUTH CHELSEA LAN	マド
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year	r)
(Type or Print) GEORGE MENDERSON	DEATH: JULY 24 19:	55
5. SEX:   6. COLOR OR   7. SINGLE. MARRIED.   8. DATI	, , , , , , , , , , , , , , , , , , , ,	
M (Specify): MARRIED HUG.		Min.
IOA. USUAL OCCUPATION (Give kind of tops work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF	WHAT
even if retired): U.S. GOVT	WASHINGTON, D.C. COUNTRY?	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
WILLIAM SWEET	BELLE HURLBURT	
15, WAS DECEASED EVER IN U.S. ARMED FORCES?   18. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates	MRS. MAYDELAWDER SWEE	7
NB	S M AA W A MAGES	
18. MEDICAL CERTIFICAL I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ATION ONSET AND	
154X		DEATT
IMMEDIATE CAUSE (A) ATCIMON	nations during	
ANTECEDENT CAUSE (8)	001.0	
DISEASES OR CONDITIONS, IF ANY, (B) LACEING	MIZ of rection.	
IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	ON 20. AUTOF	PSY7
	YES N	Die
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fa	actory, 21c. WHERE DID (City or town) (County) (Stat	te)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg	g., etc. INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	ED   21F. HOW DID INJURY OCCUR?	-
OF INJURY While Not while at work		
22. I hereby certify that I attended the deceased from	1933 to July 19 Sthat I last saw the dec	namad
7 1:01. 00		
affive on 1955, and that death occurred a	M, from the causes and on the date stated above.	,
- Cance X	M. D. O. T. CHEUY MASESTE - 7/24 158	
23. BORIAL, FREMATION DATE THEREOF NAME OF COME		(State)
REHIDUAL (POPEDIES)	4	ind
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24.4 FUNERAL DIRECTOR ADDRESS,	
REGISTRARY 12 0/50 19 0444 10 17	A L. Himes Co a a l	9. 1.
11-2/33/10/www 1/4 mampion	100, 14, 11, 11, 10, 10, 10, 10, 10, 10, 10, 10	nu



AUG I 1955

BESEIVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06903 Reg. Dist.

### MEDICAL EXAMINER'S CERTIFICATE OF

		7.00
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Montgomery MARYLAND	STATE Maryland county Montgon	nery
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY (If outside corporate limits write RURAL and	7
Y TOWN Bethesda / years	Town 4527 Rosedale Ave. Beth	nesda X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS 4527 Rosedale Ave.	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) LOUIS ELMER TA	(Last) 4. DATE (Month) (Day) ALBERT OF July 1	1.955
Male White Specify: Married 5-5	E OF BIRTH:  9. AGE last birthday:   IF UNDER I YE 5-1904  9. AGE last birthday:   Months   Day yrs.   Months   Day	Hours   Min.
work done during most of work life, even if retired): The business Owner-Ice business Owner-Ice business	T. 1 T. O	COUNTRY?
13. FATHER'S NAME: Warren E. Talbert	14. MOTHER'S MAIDEN NAME: Agnes R.S	Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS: 4527 Rosed	ale Ave.
no service) 579-14-1783	Anna May Talbert Bethesda	, Md.
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Conmany of	colusion	sudden
DUE TO		
Antecedent cause(s)		
giving rise to the above cause DUE TO		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No No
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc. CAUSE OF DEATH.	.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy 🗌, Inspection 🗷,	Inquiry D, and
find that death resulted from: Natural causes , Acci	dent [], Suicide [], Homicide [], Undetermined CHIEF MEDICAL EXAMINER []	mined cause [].
SIGNATURE Jang X mescherch	DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	7-1-5-1
PEMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or cou	
Burial 7-6-1955 Ft. Linco.	In Cem.   Prince George	ADDRESS
REG. 1/2 1 CAL REGISTRAR'S SIGNATURE	R.O. +00	
11433 Weasie 14, Tuompoon	of Marin a phimphrey Bet	thesda, Md

M MARGIN RESERVED FOR BINDING

I

A15A - 5 - 53 VS.

BUREAU V. S.

Supply every item of information carefully.

4

### 06904 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6910

CERTIFIC	A PINTE	OT	TATE A PINT	T
	A	4 2 5 1		1

Reg. Dist. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Monte	romerv
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL an	
OR and give nearest town) (in this place)  X TOWN Be the sda 111 days	TOWN Silver Spring	51
HOSPITATION OF The Clinical Center	STREET (If rural give location)	06
INSTITUTION OR THE OLLITECT CETTER	ADDRESS	/
- D CONTRACT TIPOTOROUS OF TOUR		
DECEASED.	(Last) 4. DATE (Month) (De	uy) (Year)
(Type or Print) Delores Marie Th	rush DEATH: July 1	L , 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE NACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YE	
'emale White (Specify): Married July 3	, 1930 25 yrs. Months Da	ys Hours Min.
DA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12. C	TIZEN OF WHAT
work done during most of working life, even if retired): Teacher Education		OUNTRY?
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	. S. A.
Joe Castello	Mary Mancino	
S. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO.  Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
no of service) Unknown	The medical record, The Clinica	al Center
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
God. O Uremia		
IMMEDIATE CAUSE (A)		
ANTECEDENT CAUSE (S) ? Chronic py	yelonephritis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	,	
STATING UNDERLYING CAUSE LAST.		
(C)		
TO THE DEATH BUT NOT RELATED TO THE SPROOMS WE	ith destruction of pelvic bones	
DISEASE OR CONDITION CAUSING BEATIN.		
9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
***************************************		YES NO
1A. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fact		) (State)
R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?	
1D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
F INJURY While Not while at work at work		
22. I hereby certify that I attended the deceased from Mar 2	2. 10.55 to July 11 10.55 that I last.	naur the deserred
alive on July 11,, 19 55, and that death occurred at	4:00PM, from the causes and on the date st	tated above.
SIGNATURE	The Clinical Center	July 12
	D. National Institutes of Health	
REMOVAL (SPECIFY)		
	t Cemetery   Washington, D. C	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	710 PLANT PRECTOR 8434 Ga.	ADDRESS



\$661 gt 781

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 679 Tem 9, Filmg185 8-30-55 et CERTIFICATE OF DEATH Reg. D 06905

Reg. Dist. No. 2/3

	1408. 27.	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONT GOM ON 9 MARYLAND	STATE MANNE COI	UNTY Howare
CITY (If outside comporate limits, write RURAL LENGTH OF STA	Y CITY (If outside corporate limits, write RURAL	and give nearest town)
TOWN ROCKUITE - MO	TOWN Baltmore	13V01.4
HOSPITAL OR Chestrus dodge	STREET (If rural give location	on) /
STREET ADDRESS 5-00 West Montgoming que	2701 Roslyn	que 1
3. NAME OF DECEASED: (First) (Middle)	OB	Pay) (Year)
(Type or Print) Charlotte 4 Mell's Ich	(ner DEATH: July 2	2 1955
RACE: WIDOWED, DIVORCED,	Months	Days Hours Min.
N. (Specify):	30, 1668 \$ 7 86 yrs. OR II. BIRTHPLACE (State of foreign country): 12	CITIZEN OF WHAT
10a. USUAL OCCUPATION Give kind of work done during most of working life, INDUSTRY:	OR II. BIRTHPLACE (State or foreign country):	COUNTRY?
even if retired): House wife	14. MOTHER'S MAIDEN NAME:	0.5. 4.
13. PATHERS NAME:	00111 2	
15 WAS DECEASED EVER IN U.S.ARMED FORCES?   16. SOCIAL SECURITY No.:   I	7. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of		
18. MEDICAL CERTIFICA:	TION	1
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
116011	s-enthing -	1 cleek
Immediate cause (a) DUE TO		
Antecedent causes (s)	ts /	A tagges D
giving rise to the above cause		
Stating the underlying cause last.	Toophie	
IL OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	entrepher mothusts	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
I ACCORDING OF THE PROPERTY OF	et   (CITY OR TOWN) (COUNTY)	(STATE)
ZI. ACCIDENT (Specify) PLACE (Home, farm, factory, stre OF office bldg., etc.)  INJURY	et, (CIII OR IOWN) (COUNII)	(SIAIM)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At Work		
22. I hereby certify that I attended the deceased from	,1942 to 30/4 22 195, that I la	st saw the deceased
alive on 2, 19, and that death occurred at	from the causes and on the dat	e stated above.
SIGNATURE (Degree or title)	ADDRESS CONTRACTOR	DATE SIGNED
25. MIRIAL, CREMATION, DATE THEREOF NAME OF CEMEN	EEN OR CREMATORY   MOTATION (City, Man or	eounty (State)
Service 7-25-55 Lyung	Stidat Vikegville h	101.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	APDRESS
7/22/55 Lawell It. Graylorp	Wet Jeskner y some. , ()	M., md.

OBATE OF THE

BUREAU V. &

MARYLAND	STATE DEPARTME	NT OF HEALTH—BALTIM	ORE,	18	0.6806
3911	CERTIFICAT	E OF DEATH	Reg.	Dist.	No. 216

CERTIFICATE OF DEATH 6911

1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF	DECEASED		
Montgomery	MADW AND	STATE West	Va. COUNTY			
COUNTY CITY (If outside corporate limits, write RUF	MARYLAND RALI LENGTH OF STAY		corporate limits, write		d give neares	t town)
OR and rive nearest town) X TOWN Bethesda	(in this place) 71 days	OR TOWN Fair	mont	8	5-X-E	3
HOSPITAL OR The Clinical C		STREET	(If rural give	e location)		1
50 STREET ADDRESSNational Instit		ADDRESS Walr				
3. NAME OF (First) DECEASED: Mohol M	(	(Last) thman	4. DATE (Mon		uy) (Ye	
(Type or Print)			OEATH.	uly 27	19	
Female White (Specify) Ma	rried, Octob	er 18, 1913	41 yrs.	Months Da	Hours	Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	KIND OF BUSINESS OR INDUSTRY:	West Virgin	State or foreign count	1	S.A.	WHAT
13. FATHER'S NAME:		14. MOTHER'S M.				
Charles C. Parks		Ora Wass				
	6. SOCIAL SECURITY NO.	17. INFORMANT	& ADDRESS:			
(Yes, no, or unk.) (If Yes, give war or dates of service)	232-36-6075	The medical	record, The	Clinica	al Cente	r
18.	MEDICAL CERTIFICAT	ION			INTERVAL B	ETWEEN
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DU	A) Cardiac arr	est	widespread		ONSET AND	DEATH
STATING CHEEKETING CAGGE BAGT.	C)					
II OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE	TRIBUTING					
DISEASE OR CONDITION CAUSING DEA	TH					
19A. DATE OF OPERATION: 19B. MAJOR F	INDINGS OF OPERATIO	N			20. AUTO	NO
21A. ACCIDENT WAS UNDERLYING   21B. OF I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, farm, fac NJURY street, office bldg.,	tory, 21c. WHERE I	DID (City or town)	(County	y) (St	ate)
21D. TIME (Month) (Day) (Year) (Hour) (	While Not while at work		INJURY OCCUR?			
22. I hereby certify that I attended the	deceased from May	17 . 1955 . to Ju	Ly 27 1955 th	nat I last	saw the de	eceased
	hat death occurred at					
signature	nat death occurred at	The CAPPRES	ST Conton	DAT	E SIGNED	
Mat Schick M	/) N	. o. Nat'l Inst	of Health	7/2	28/55	
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMET	ERY OR CREMATOR	Y   LOCATION (Cit			(State)
BURIAL GENEURY) JULY 28, 19-			FAIRMONT,	. West	VA.	
DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR'S	M. Hom Losed	Joseph Haw	ale Sone 175	6 Pa Aux	NW Way	1. D.C

AUG 2 1955

BUREAU V. E.

Reg. Dist.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

correct	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 216
00 0	I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
The ly.	COUNTY III CUT goney MARYLAND STATE at tornia COUNTY	3x-3
of information carefully. The death clearly and legibly.	CITY (If outside orporate limits, write RURAL OR and give nearest town)  LENGTH OF STAY (If outside corporate limits write RURAL and OR TOWN)  CITY (If outside corporate limits write RURAL and OR TOWN)	give nearest town)
n care	HOSPITAL OR STREET ADDRESS Suburban STREET ADDRESS 12870 O DE de C	Due /
clear	3. NAME OF DECEASED: (Type or Print) (First) (Middle) Treat (Month) (Day) OF DEATH July 22	1955
f infordeath	5. SEX: 6. COLOR SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single 12 26 20 9. AGE last birthday: Months Da	ys   Hours   Min.
20	work done during most of work life, Sandry Chicago, Illindis	COUNTRY WHAT
car	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Bolisa Bo	ind_
Supply evwrite the	15. WAS DECEASED EVER IN U.S. ALMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS:  (Yes, no, or unk.) (If Yes, give war or dates of service) service).	
Sup	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
r INK.	Immediate cause  (a) Extensive cerebral hemorrhage of mid brain and b  DUE TO	rain stem
UNFADING Physicians: 1	Antecedent cause(s)  Diseases or conditions, if any, (b)  Marked hemorrhagic pneumonitis of both lungs	
A.D.	giving rise to the above cause DUE TO	
NF	stating underlying cause last (c) Cause undetermined  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
WRITE PLAINLY, WITH ige is especially important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No
ILY, imp	21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.  21b. PLACE (Home, farm, factory, office bldg., etc., INJURY)  (County)	(State)
LAIN	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work at work	
r P	22. I hereby certify that I took charge of the remains described above, held an Autopsy M., Inspection [],	Inquiry [], and
ITI	find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undeter CHIEF MEDICAL EXAMINER [] DEPUTY MEDICAL EXAMINER	DATE SIGNED
WR ge	M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	7-2255
ASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or confirmation: 7-22-55 Cedar Hill Suitland, Md.	
PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 7-23-13 Resistrar'S SIGNATURE REG. 7-23-13 Resistrar'S SIGNATURE REG. 7-23-13 Resistrar'S SIGNATURE REG. 7-23-13 Resistrar'S SIGNATURE	address da, Md.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

Many with took the standard of the standard of

BUREAU V.

10 26 1C5

BECENTED

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

ct	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
correct	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 216
9	1. PLACE OF DEATH:	
# F F	COUNTY MARYLAND STATE ME COUNTY MON.	ta
carefully. Tl	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  CITY (If outside corporate limits write RURAL and OR	
ref	HOSPITAL OR STREET (If rural, give location)	X
iy an	INSTITUTION OR STREET ADDRESS Subverban Hosp ADDRESS Thangard Cure	
matic	3. NAME OF (First), (Middle) (Last) 4. DATE (Month) (Day OF (Type or Print) (Day OF DEATH (Month) (Month) (Day OF DEATH (Month) (Mon	(Year) (19 S-5 -
finformation death clearly	Specifyl: Indiana III I I I I I I I I I I I I I I I I	YEAR   IF UNDER 24 HRS.  RYS   Hours   Min.
n of of	10a. USUAL OCCUPATION (Give kind of work life, even if retired) Bessel (State or foreign country): 12.	CITIZEN OF WHAT
INDING ery item causes o	13. FATNER'S NAME: 14. MOTHER'S MAIDEN NAME:	VII 9.
BINDI every it	John 13 Bottleman Sarah Thompson	
(1) W	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO: 17. INFORMANT & ADDRESS:	
	(Yes/no, or unk.) (If Yes, give war or dates of service)	en Love y 111
Proof a bank	18. MEDICAL CERTIFICATION	1 114
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
SERVI INK.	Immediate cause (a) Coretral Vascula Acaidut	1/2 ter.
RESERV NG INK.	DUE TO	
RI IN	Antecedent cause(s) Diseases or conditions, If any, (b)  Authorized the first that the first tha	10 yrs.
N Gig	giving rise to the above cause DUE TO	
RG IF/	stating underlying cause last (c)	
MARGIN RE H UNFADING t. Physicians:	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
WITH portant.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No F
FY	21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY   CAUSE OF DEATH.	(State)
E PLAIN especially	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while Not will at work   21f. HOW DID INJURY OCCUR?	
PL	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [2]	
	find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undeter	
53 WRIT	SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	7-16-55
元 西 成	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or expression):	ounty) (State)
A15A -	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS
A P	July 20 5 3 Blace M. Thompson Graceste G. Partner Ja	Murphu
02	V ()	, &

Secretary Secret

M

# PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The VS. A15-10-53

MARYLAND STA	TE DEPARTMEN	NT OF HEALTH—BAI	LTIMORE, 18	06909
6914 C	ERTIFICAT	E OF DEATH	Reg. Dist.	No. 2/6
1. PLACE OF DEATH: COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (HO	COUNTY MAN	180.
CITY (If outside corporate limits, write RUF OR and dive nearest town)  TOWN SETHESDA	RAL LENGTH OF STAY (in this place)	OR TOWN Muli	nohing	nd give nearest town)
HOSPITAL OR SIDURDAN HOSPIT	tal	STREET ADDRESS	If rural give location)	R.7. NZ
3. NAME OF DECEASED: (Type or Print)  5. SEX:   6. COLOR OR   7. SINGLE, M	(Middle)	0	EATH: July	OAY) (Year) 18 19 T -
MALE NEGRO (Specify): NOA. USUAL OCCUPATION (Give kind of 10B.	ARRIES 3	- 16 - 1889 66	yrs.   Months   Di	Hours   Min.
10 11 11	ATE KOASS	MONTGOMERY COU	NTY MI	USA
15. WAS DECEASED EVER IN U.S. ARMEO FORCES! (Yes, no, or unk.) (If Yes, give war or dates	IS. SOCIAL SECURITY ND.	17. INFORMANT & ANDRE	Long op	grandault.
of service)	MEDICAL CERTIFICA	TION	Find.	INTERVAL BETWEEN
33/X IMMEDIATE CAUSE	1) cerebr	o-Viscular	Acident	ONSET AND DEATH
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	B)		21/8/	
STATING UNDERLYING CAUSE LAST.  (( II OTHER SIGNIFICANT CONDITIONS CONT	C) TRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATING. 198. MAJOR FI		det premina		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B.	PLACE (Home, farm, fa-	etory, 21c. WHERE DID (City	or town) (Count	YES NO (State)
OR CONTRIBUTING CAUSE OF DEATH OF IT	NJURY street, office bldg	., etc. INJURY OCCUR?		
OF INJURY . M. a	While Not while at work			
22. I hereby certify that I attended the alive on	deceased from7	t 2 PM, from the causes	s and on the date s	
23. BIORIAL, CREMATION, DATE THEREOF, MEMOVAL (SPECIFY)		M. D. Roshville.	Ma.	1 19107 county) (Soute)
DATE REC'D BY LOCAL REGISTRAR'S S	SIGNATURE_	LEA PUNERAL RIBECTOR	Secretary 1	Appress 00

Jenni lavery

LABORER STATE KEINE PROFESSIONERS COURTY 1718 - 5

TIME VESTE STREET MORRISON 3-16-1889 - 60

BUREAU V. S.

AUG I 1955

DECEDAED

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1		0	4	5
-1	7	ч	- 8	- 1
- 3	U.	0	-11.	

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

VS. A15-10-53

	OERIII CAI	E OF DEATH Reg. Dist	. No. 9/0				
oly.	1. PLACE OF DEATH: +	2. USUAL RESIDENCE (HOME) OF DECEASE	2:				
legibly	COUNTY WONDS MARYLAND	STATE Management Jon	lgomein				
and	OR and give nearest town But Hall LENGTH OF STAY	CITY(If outside comporate limits, white RURAL a	and Five nearest (bwn)				
clearly	13 STREET ADDRESS Sububan Loshital	STREET (If rural give location) ADDRESS H 602 Previous	lead.				
eath c	3. NAME OF (First) DECEASED: (Middle) (Type or Print)	(Last) 4. DATE (Month) (OF DEATH: NUM	Day) (Year) 19.55				
of de	S SEX:   6. COLOR OR 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify): DIVORCED (Specify						
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT				
16	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	VIV				
te t]	Henry C'. Browning	Ella Caw	thorne				
se wri	(Yes, no or unk.) (If Yes, give war or dates of service)  18. Social Security No.  19. None	Niece, 4602 Merivale Rd. (	Len Lansdal Chevy Ch.Md				
plea	18. MEDICAL CERTIFICAT	rion	INTERVAL BETWEEN				
	450.0	7.0	121				
ns		existory Tailure	12 200.				
ANTECEDENT CAUSE (8)  DUE TO  DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE  DUE TO  CETTE HEAT Failure Dilitates  DUE TO							
Phy	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OUD TO	7 6 05 1	21.				
ثب	(C)	Devejdealem	a crays				
important	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	vowed arteriorchise	2 grs.				
up	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?				
y ir			YES NO				
especiall	ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  (State)  (State)						
is esp	ID. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While Not while at work at work						
	22. I hereby certify that I attended the deceased from .6/	6 , 1953, to 7/7, 195, that I last	saw the deceased				
22. I hereby certify that I attended the deceased from 6, 1955, to 7, 1957, that I last alive on 7, 1955, and that death occurred at 1, 15 MM, from the causes and on the date s							
correct	SIGNATURE June of Joygen Je 14.		TE SIGNED				
00							
	Burial 7-9-55 Rock Creek	Cemetery Washington	D. C.				
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1-12:55 Sessee M. Stomps	24. FUNERAL DIRECTOR	ADDRESS ethesda, Md.				



BELLEVIEW ALTERNATION

BUREAU V. S.

S561 8 50A

DECELATED

Reg.	Dist	2
No	2	17

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
				DIVALIL

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONTAMERY MARYLAND	STATE MA COUNTY Min	la
CITY (If outside corporate limits, write RURAL OR and give mearest down) (in this place) (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Silver Spring	eve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3011 Medicay St	STREET (If rural/give location) ADDRESS 30/1 Medicay	et.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) William. Philip	(Last) 4. DATE (Month) (Day OF DEATH DEATH	1955
5. SEX:    6. COLOR OR RACE:   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 2-	22-96 9. AGE last birthday: Wunder I y yrs. Vionths De	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Jallsman	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
IS. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Emlinoron-	monne	
16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give war or dates of service) will a service) 424-09-7454	17. INFORMANT & ADDRESS:	Jan 2
18. MEDICA	ALCERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary o	relusion	redden
Antecedent cause(s)		death
Diseases or conditions, if any. (b)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No No
21a. EXTERNAL CAUSE WAS   PRIMARY □ or CONTRIBUTING □   121b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY   INJURY	County)	(State)
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED OF While at Not while INJURY M.   work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ	ed above, held an Autopsy [], Inspection []	, Inquiry , and
find that death resulted from: Natural causes A, Accid		maga.
SIGNATURE Jana & Bros charet Fort Inc	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	7-16-55
REMOVAL (Specify): 7-19-55 AALING	TO A CEM. HALLING TO NO	10 R
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 18-55 Stances Stler	The S. H. HINES Co.	<b>≱</b> DDRESS
	a DAI. IN W IT X A/M/. IN/A	

2501 08 JUI

	7. Th	6788 CERTIFICATE OF DEATH Reg. Dist. No. 223
( M	ully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
	ation carefully	COUNTY TO THE FUND MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  OR and give nearest town OR TOWN  HOSPITAL OR  STATE TO LY LANG COUNTY TO THE OR TOWN  OR TOWN  STREET (If rural alve location)
	of information ath clearly and	75 STREET ADDRESS MAS L. SANJAYIUMY HOSPITAL ADDRESS 5 44 Beacon Rd.
	m of informa death clearly	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: (Type or Print) 7508 DEATH: 7 4 1955
	ite	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED, (Specify): WIDOWED, (Specify): WIDOWED, (Specify): WIDOWED, (Specify): WIDOWED, (Specify): WIDOWED, (Specif
SZ	causes	OA. USUAL OCCUPATION (Give kind of working life. even if retired):   10B. KIND OF BUSINESS OR INDUSTRY:
INDL	Supply te the c	13. FATHER'S NAME:  14. MOTHER'S MAIDEN NAME:  14. MOTHER'S MAIDEN NAME:
FOR BINDING	K. wri	(Yes. nb. or unk.) (If Yes, give war or dates of service)
VED 1	ADING IN s: please	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ONSET AND DEATH
ER	AD	331/ MMEDIATE CAUSE (A) Brown to - 1 MELIMONIA - SUMMERCE GLOST.
RESERVED	UNFA	DISEASES OR CONDITIONS, IF ANY, (B)  DUE TO DEMONSE FAME OF THE PROPERTY OF TH
MARGIN	WITH at. Phys	STATING UNDERLYING CAUSE LAST.  (C)  STATING UNDERLYING CAUSE LAST.  (C)
MA	, ~ ed	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
	7	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
	RITE PI	21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)
	R WRIT is espec	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work

correct age

attended the deceased from

alive on SIGNATURE M, from the causes and on the date stated above.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BEC'D BY LOCAL

VS. A15-10-53

TYPE

PLEASE

BUREAU V. S.

9361 4 101

BECEINED

Reg. Dist. No. 2/1

I. I BACE OF DEATH:	2. USUAL RESIDENCE (HUME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE COU	NTY 4-7 X-3
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest rown)  TOWN  CAN DESCRIBE	CITY (If outside corporate limits, write RURAL OR TOWN Washington	and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 4336 - Southern	ave. 8- E
3. NAME OF DECEASED: (Type or Print) SARAH GRACE CECELI	A WELSH 4. DATE (Month) (Da) OF DEATH: 7 - 1	2 (Year)
7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Widows 6.	20-1891 64 yrs.	Days Hours   Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired) for such that we will be	R 11. BIRTHPLACE (State or foreign country): 12.	CUNTRY OF WHAT
Wilber Kiplinger	Margaret Slugri	il
15 WAS DECEASED EVER IN U.S. KAMED FORCES? 6. SOCIAL SECURITY No.: 17 (Yes, no, or unk.) (1f Yes, give war or dates of service)	Margaret Riedel Clar	lesburg ma
18. MEDICAL CERTIFICAT	ION /	Interval Betwee
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Deat
602X	tion aliminan landing and	311100
Immediate cause (a)	M CD VICE-VICE V COST COST	1 years
DUE TO	0.	
Antecedent causes (s) Diseases or conditions, if any, (b) Republications	Vi.	12 years
giving rise to the above cause stating the underlying cause last. DUE TO		
States of Landers with the court was		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	t, (CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At Work		
	,1955 , to 7/12 , 1955 , that I last	t com the decessor
22. I hereby certify that I attended the deceased from 71.1.2	1.00	t saw the deceased
alive on /11, 1950, and that death occurred at 1	.70 pem; from the causes and on the date	stated above.
SIGNATURE (Degree or title)	ADDRESS	ATE SIGNED
James J. Moc M. M.	Jamascus, Ma.	11-177
BURIAL CREMATION, DATE THEREOF NAME OF CEMETE BEMOVAL (Specify) 8-15-1955 Deday	CRY OR CREMATORY LOCATION (City, town or call, benefit & Suit and 7	(State)
DATE REC'D BY LOCALI REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR 13/955 Della W. Burdule,	Malley a Ferreral Home 320	o-R. Jave
	mt. Ray	mer, mol-
	7,700	

age is especially important. Physicians: please

PLEASE WRITE PLAINLY, WITH

UNFADING INK.

Seel At Jul

Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE

The

1. PLACE OF DEATH

COUNTY

A15 VS.

ca le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town)
and	TOWN OR and give nearest town Betterday mo. Haars Town Washington, 16
information clearly an	HOSPITAL OR INSTITUTION OR Lubruban Stratal ADDRESS 526 - River 2d.
of ath	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: (Type or Print) Clock  OF DEATH: 19 75
it	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRM 9. AGE last birthda. IF UNDER 24 HRS. Months Days Hours Min.
r every causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  10B. KIND OF BUSINESS OR INDUSTRY:  11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY)
Supply te the c	13. FATHER'S NAME:  14. MOTHER'S MAIDEN NAME:  Comma Villiams
INK. Su se write	(Yes, no, or unk.) (If Yes, give war or dates of service)  13. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS:  18. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS:  18. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS:  18. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS:
and a	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ONSET AND DEATH
IQ.	332X = 1/1/1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
UNE	ANTECEDENT CAUSE (S)
ITH	in the selection of the man of the
~ @	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
4	YES NO
TE	
R WRI is esp	OF INJURY  OF INJURY  OF INJURY  M.   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While   Not while   at work   at work
E Ol	22. I hereby certify that I attended the deceased from 1964, to 195, that I last saw the deceased
TYP	alive on
EASE	23. BURIAL. CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City town, or county) (State)
PL.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 SUNERAL DECTOR ADDRESS 18 REGISTRAR 16 5 4 6 Marsie M. Mompson William 5/1/8/12

S961 8 700

BUREAU V. S.

BECEINED

S

carefully. The

Supply every item of information

W

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK.

OR WRITE

PLEASE TYPE

VS. A15

217

6920 CERTIFICATI	Reg. Dist	. No /
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
county Montgomery Maryland	STATE Maryland county Mont	01 0 200 0 200 T
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	No give nearest town)
OR and give nearest town) (in this place)	OR	0.
X TOWN Olney 5 days	TOWN Rockville	26
HOSPITAL OR Montgomery County	STREET (If rural give location)	1
A STREET ADDRESS General Hospital, Inc.	10 Williams St.	
		Day) (Year)
DECEASED: (Type or Print) Walter Anderson	Williams   OF DEATH: July	13 19 55
	OF BIRTH: 9. AGE last birthday IF UNDER 1	
RACE: WIDOWED DIVORCED	Months   1	Days Hours   Min.
Male   White   (Specify): Widowed 1/1		
oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Government employee Distri	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0.0.A.
Richard M. Williams	Rose Anderson	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital Record	
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
204.0 Acute 13	mphatic leukemia	Few weeks
IMMEDIATE CAUSE	mpra or o real emila	1001 00012
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY. (B)		
GIVING RISE TO THE ABOVE CAUSE DUE TO		
STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINE	al right hemiplegia	4 days
DISEASE OR CONDITION CAUSING DEATH, Bronche	opneumonia, congestive	4 davs
19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Zione		YES NO
rome p		1 120 1
21a. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, fac OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., (if EITHER, NOTIFY MEDICAL EXAMINER)		ty) (State)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While While at work		
22. I hereby certify that I attended the deceased from 18	.30, 19, to 7./13/55 19, that I last	saw the deceased
770/55	6:50aM, from the causes and on the date	
SIGNATURE		TE SIGNED
Jan III	K. C. Dlo zel	7/13/55
		1/10/00
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	le Union Rockville	r county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

Koher Cl. Tuniphy Getherda

Gertinde & Jawly



MARGIN RESERVED FOR BINDING

The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	06917
						7

89	CERTIFICATE	OF	D

5789 CERTIFICATI	E OF DEATH Reg. Dist.	No. 6 12.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Montgomery MARYLAND	STATE Destrutours Colin	lear		
CITY (If outside corporate lings, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, Frite RURAL and	give perrest town)		
OR and give nearest town (in this place)	TOWN Washington &C.	17 / 3		
HOSPITAL OR HISTITUTION OR	STREET (If rurai give location)	7.0		
15 STREET ADDRESS Mashington Jani turium + Hosp.	538 Peabody St. N.	20, 1		
3. NAME OF First! (Middle)	(Last)   4. DATE (Month), (Da	y) (Year)		
(Type or Print) Harriet Hulda Wi	Mamson DEATH: 1/26	19.55		
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   RACE:   WIDOWED, DIVORCED,	,	The state of the s		
I White (Specify): Widow 2/2/	75 00 yrs.			
10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. Cl	TIZEN OF WHAT		
even if retired): House wike	Canada			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Hederick Jutton	(atherine Jaspet)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	A 1 1 2 1		
of service)	tospital Record -			
18. MEDICAL CERTIFICAT		NTERVAL BETWEEN		
420.0		MSEI AND DEATH		
IMMEDIATE CAUSE (A) STORELL	opneumoma !	Sdays		
ANTECEDENT CAUSE (S)	the Men of decline	1		
GIVING RISE TO THE ABOVE CAUSE	we fran fame	week		
STATING UNDERLYING CAUSE LAST.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	overone hear wina	17/1/2		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?		
		YES NO		
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)		
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED OF INJURY   While   Not while	21F. HOW DID INJURY OCCUR?			
M. at work at work				
22. I hereby certify that I attended the deceased from July 5, 1930, to July 26, 1955 that I last saw the deceased				
alive on July 26, 1955, and that death occupred at   PM, from the causes and on the date stated above.				
SIGNATURE	ADDRESS	SIGNED 7/2053		
	ERY OR CREMATORY   LOCATION Mits, town, or or	ounty) (State)		
REMOVAL (SPECIFY) 7-20 55 MAG OF CEMENT	e la la la la de de	Do Dough		
DATE REC'D BY LOCAL REGISTRARY SAGNATURA	2A FUNERAL DIRECTOR	ADDRESS		
July 26-1935 /- William Dodels	Meel Juneral Hone 4812	Jabun W		

Supply every item of information carefully. correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.



der Aller au 1 de la Keren Bereite de 1900 de 200

BUREAU V. S.

3961 88 JUL 28 1955

BECEINED

,	1
1	1
50	
10	
1	
5A	1
A15A	
,	

MARYLAND'S	STATE 1	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

06918 Reg. Dist.

	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 2
--	---------	------------	-------------	----	-------	-------

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:					
COUNTY MONGONERY MARYLAND	STATE MA COUNTY MA	ntg				
CITY (If outside corporate limits, write RURAL LENGTH OF STAY		and give nearest town)				
OR and give nearest town) - R I J 3 (in this place)	TOWN Damaseus	×				
HOSPITAL OR INSTITUTION OR Brown Church R	STREET (If rural, give location ADDRESS	n) /				
3. NAME OF (First) (Middle)		Day) (Year)				
DECEASED: (Type or Print) Robert Leo Wir.	ndsor DEATH July	19 55				
	E OF BIRTH: 9. AGE last birthday: IF UNDER					
Male White (Specify): Married Jun	ne 15,1922 33 yrs. Months	Days   Hours   Min.				
10a. USUAL OCCUPATION (Give kind of   10b. KIND OF BUSINESS O		COTINEDITO				
work done during most of work life, even if retrail: nter - Army Medical Center	Ridgeville, Md.	USA TRY?				
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:					
Robert I. Windsor	Lucinda Watkins					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:					
yes service) WW 2   577-24-0667	Mrs Robert L. Windsor, Da	amascus, Md.				
	AL CERTIFICATION	INTERVAL BETWEEN				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH				
Immediate cause (a) Cesphyrea						
DUE TO						
Antecedent cause(s)						
Diseases or conditions, if any, (b)		***************************************				
giving rise to the above cause DUE TO stating underlying cause last						
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE						
DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION;		20. AUTOPSY?				
The ball of the ba		Yes No M				
21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory	(County)	(State)				
PRIMARY or CONTRIBUTING OF Street, office bldg., etc INJURY form	Mt Civing R70 = 3 Mon	To mel				
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? White at Not while						
INJURY 1- 1 & PM. work at work & thrown of while Sevening						
22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.						
	dent ☐, Suicide ☐, Homicide ☐, Unde					
SIGNATURE	DEPUTY MEDICAL EXAMINER	DATE SIGNED				
23. BURIAL CREMATION, BATE THEREOF   NAME OF CEMETE	M. D. ASSISTANT MEDICAL EXAM.  RY OR CREMATORY   LOCATION (City, town, or	(State)				
REMOVAL (Specify):		county) (State)				
Burial July 4,1955 Damas DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	Damascus,	ADDRESS				
REG. 7/3/55 1900 6 W (12) 5 4711	Olin L. Molesworth, Dams	ascus. Md.				
Duran dr. Un water						

DECELVED 1955 JUL 6 1955



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	Je	MARTEAND STATE DELARIMENT OF HEADIN—BADINORE, 10
/	y. The	6922 CERTIFICATE OF DEATH Reg. Dist. No. 2/9
1	E.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
	carefull legibly.	COUNTY MONTGO MEYY MARYLAND STATE D. COUNTY
	ca le	CITY (If outside corporate limits, write RUBAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town)
-11	tion	OR and give percest royal  (in this place)  OR  TOWN  TOWN  OR  TOWN  OR  TOWN  TOWN  OR  TOWN  OR  TOWN  TOWN
all	Z at	HOSPITAL OR STREET (If rural give location)
THE	m of information carefully. death clearly and legibly.	74 STREET ADDRESS DUBURDAN FOSPITAL ADDRESS 30/8 TENNISON ST. NW.
		3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year)
	item of of death	(Type or Print) MARY FRANCES Wolfe DEATH; 10/4, 16 1955
	d d	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF BIRTH:   9. AGE last birthday   1 UNDER 1 YEAR   1 UNDER 24 HRS.   Months   Days   Hours   Min.
		(Specify) Arried Hug. 26, 1882 12 yrs. Months Days Hours Min.
	causes	IOA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:
G		work done during most of working life, or INDUSTRY:  even if retired): 500; teh DOATE OPERATOR MASSACHUSE TES COUNTRY?  OPERATOR MASSACHUSE TES
	pply the	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:
BINDING		Tramas Amoball MAP.4
	. E	18. WAS DECEASED EVER IN U.S. ARMED FORCEST VIS. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: 2018 10 NN 1501 57. NL
FOR	_	(Yes, no, or unk.) (If Yes, give war or dates of service)
E		18. MEDICAL CERTIFICATION INTERVAL RETWEEN
G	NG	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
RESERVED	ADING s: ples	157X
豆	F.A.	IMMEDIATE CAUSE (A) Callo Calellana Villarava, Jargo
<b>E</b>	TH UNFA	ANTECEDENT CAUSE (8) DUE TO fluislostice lyngh judes, pureaulis
E E	L U	DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE  OUT TO THE ABOVE CAUSE  OUT TO THE ABOVE CAUSE
H	ITH Phy	STATING UNDERLYING CAUSE LAST.
MARGIN	WI It.	(c) Charteateway, Head of Paneers
MA	Y,	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
	ALL.	DISEASE OR CONDITION CAUSING DEATH.
	MANLY, Wimportant.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
	1	YES NO [
	VRITE P	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)
		21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work
	OR is	
		22. I hereby certify that I attended the deceased from 6/30, 1953, to 2/16, 1953, that I last saw the deceased
99	0.	alive on
2	TY	SIGNATURE DATE SIGNED LANGE TO THE SIGNED LANG
		23. BURIAL CREMATION, DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, 40wn, or county) (State)
014	PLEASE	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, 40wn, or country) (State)  REMOVAL (SPECIFY)  7-18-55  Rock Creek
	PL	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   24. FUNERAL DIRECTOR ADDRESS
>		REGISTION 16- 55 Bessee M. Thompson SH. Hines Co 2901 14 35th



BUREAU V. S.

1,00

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

(tem 9, FilmG185 8-16-55 et	E OF DERITH	Reg. Dist. No.
COUNTY Coulogouery MARYLAND	2. USUAL RESIDENCE (HOME OF DI	PRINCE GEORGES
CITY (If outside corporate limits write RURAL and LENGTH OF STAY OR give nearest team) (in this place)	OR TOWN	RURAL and give negrest town
HOSPITAL OR INSTITUTION OR TOKOWA Park, had	ADDRESS 8907 AT THE	Tolle A of
3. NAME OF DECEASED VELL'E ONTHANK (Middle)	OSTER OF DEATH	(Month) (Day) (Year)
6. Set 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DYORCED, (Specify)	8. DATE OF BIRTH 9. AGE last bi	winday If under I year III under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life evolut retired)	BIRTHPLACE (State of foreign country)	(Y) 12. CITIZEN OF WHAT COUNTRY?
13. Plant Chas H. Outhank	14. MOTHER'S MAIDEN NAME BOOK	rald o
15. WAS DECRASED EVER IN U.S. ABNED FORCES? (Yes. no, or unknown) (If yes, give was or dates of service)	M.W. Coopler	Herathull
18. MEDICAL CE	RTIFICATION	() (.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- 11 44	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chronic Or	agglus flar ta	- lur
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Eneuwowa	MAX 24 24
stating the underlying cause last (c)	l Orteriosele	vozis
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	The second secon	Yes D No A
21. ACCIDENT (Specify) SUICIDE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not While at Not While Not Work At wark	HOW DID INJURY OCCUR?	
22. I hereby cartify that I attended the deceased from the	1955 topley , 1955	, that I last saw the deceased
alive on fully and that death occurred at.	ADDRES and	on the date stated above.
All freme the. ).	college //s	cek, Md 1/3/55
Burial (Specify) 17/17 Fort Lin	cola Colma	monor mg (Stree)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE RECULL H 1955   REGISTRAR'S SIGNATURE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	Jusels Ine H	gallerlle, mil
A. N. 10161	U	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARGIN RESERVED FOR BINDING

The correct age

BECEINED.

Sou 8 Jul

BUREAU V. S.

MARGIN RESERVED FOR BINDKNG

MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	16922
6928 CERTIFICAT		No2/7
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONTGOMERY. MARYLAND	STATE M.D. COUNTY Months	oneus
CITY (If outside corporate limits, write RURAL   LENGTH OF STA	CITY (If outside corporate limits, write RURAL and	
HOSPITAL OR SPRING, MD. 40 412		nd. 56
INSTITUTION OR STREET ADDRESS 9218 MANCHEST ER ROAD	STREET (If rhad, give docation) ADDRESS 9218 Mancheste	/
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day	y) (Year)
(Type or Print) NORA ELUS	DRENN DEATH: JULY 18	
RACE: WIDOWED, DIYORCED, (Specify): W. Dowed and	194016,1017 80 yrs. 11	Days Hours Min.
work done during most of working life, even if retired):	OR 11. BIRTHPLACE (State or foreign country): I	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Wm. Henry Ellis	Frances Far	rell.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	in aug
18. MEDICA	L CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	A	ONSET AND DEATH
Immediate cause (a) Colors	I / hronlosis	10 Hours
Antecedent cause(s)	222 a a a a a a a a a a a a a a a a a a	12 years
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	M1003 CCC 1 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7 - 2 - 2 - 2
II. OTHER SIGNIFICANT CONDITIONS:	111 . 10 11 . 17 1	1
Conditions contributing to the death but not related to the disease or condition causing death.	oid arthritis and Heart Failure	2
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	[:	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)  HOMICIDE INJURY	eet. (CITY OR TOWN) (COUNTY)	Yes No
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED  OF Uhile at Not while at work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from. July	49 1955 to July 16 1955 that I last s	aw the deceased
alive on J. L. J. J. J. J., and that death occurred a SIGNATURE (DEGREE OR TO	t	e stated above.  DATE SIGNED
James a. Roberts M.D.	8907 Georgia AVE. Silver Spring	
23. BURIAL CREMATION DATE THEREOF NAME OF CEMENT BURIAL (Specify): 7/19/55 Glenwood (	Demetery Washington, D. Communication of the commun	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR 8434 Ga.	
	Warner le Fumphrey Silver Sp	mine Md

BUREAU V. S.

2561 12 Jul

DECENSED

4	1	
2		
00 - 07		
5		
D. A.10		
2		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06923 6924 CERTIFICATE OF DEATH Reg. Dist. No. 27						
6924	CERTIFI	CATE	OF DEA	TH Reg. Dist	. No. 49	
1. PLACE OF DEATH:			2. USUAL RESI	DENCE (HOME) OF DECEASE	D;	
COUNTY Montgomery MARYLAND			STATE Ma	ryland county Mon	tgomerv	
CITY (If outside corporate limits, wi			CITY(If outside	e corporate limits, write RURAL	and give nearest town)	
X TOWN Bethesda		yrs	томи Ве	thesda,	×	
HOSPITAL OR INSTITUTION OR STREET ADDRESS PINEVIEW	Rest Home		STREET ADDRESS	of tural give location of the following streets of the following street		
3. NAME OF (First) DECEASED: TTT: 11	(Middle)	(	Last)		Day) (Year)	
(Type or Print) W1111am	М.		UNG	DEATH:	19 55	
5. SEX: 6. COLOR OR 7. SIN WIE WIE (Spe	GLE, MARRIED, DOWED, DIVORCED, Heify): Widowed		of BIRTH: 20, 1892	9. AGE last birthday Months Months 3	Days Hours Min.	
OA. USUAL OCCUPATION (Give kind of work done during most of working life.	108 KIND OF BU		11. BIRTHPLACE	(State or foreign country):  12.	CITIZEN OF WHAT	
Paymäster): Retired	Wash. Sub. Sa			nery Co. Md.	USA	
13. FATHER'S NAME:			14. MOTHER'S MAIDEN NAME:			
Robert Lee Young	5.15.5	Lucy Anna Wade				
(Yes, no, or unk.) (If Yes, give war or dates None Mrs. E. W. Wettengel-Same Ite					tem #2	
18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
260× 72 1-0 1.0						
IMMEDIATE CAUSE (A) Myocardial Ferline						
ANTECEDENT CAUSE (S)	DUE TO	0	n. n.	1 - 12 -	5	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B)	ronc	my art	croscleron	Les Land	
STATING UNDERLYING CAUSE LAST	m.O.X		15			
II OTHER SIGNIFICANT CONDITION		20075	· · · · · · · · · · · · · · · · · · ·		100	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY7	
					YES NO	
21A. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING ACAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DID (City or town) (Coun	(State)				
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory. OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  21b. TIME (Month) (Day) (Year) (Hour)   21e INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  While   Not while   21f. How DID INJURY OCCUR?  22c. I hereby certify that I attended the deceased from   1952 to   1953, that I last sai						
22. I hereby certify that I attende	d the deceased fro	m Jun	c/, 1952 to	23 1955, that I las	t saw the deceased	
alive on . July 22 , 1957	and that death oc	curred at	2:20 M, from	the causes and on the date	stated above.	
SIGNATURE /	00		ADDRE		TE SIGNED	
23. BURIAL, CREMATION, DATE TH	EPEDE TONIA		D. KOZ	ALLO ALLO LOCATION (City, town, o	7/23/05	
REMOVAL (SPECIFY)			AL OR CREMATOR		arvland	
Burial 7/26/		cacy	1 24. FUNERAL		ADDRESS	
REGISTRAR	9/		M/) () -# C		esda, Md.	

